ENCOMPASS DIAGNOSTICS

Derm & Wound Care



Encompass Diagnostics offers molecular PCR testing to identify dermatological and wound infections.



Tomorrow's Results.

Today's Peace of Mind.

NEXT DAY RESULTS FOR ALL COMMON INFECTIONS



Skin and Soft Tissue Wound Panel

Bacterial

Acinetobacter baumannii
Actinomyces israelii
Bacteroides fragilis
Citrobacter freundii,
Citrobacter koseri
Clostridium perfringens
Enterobacter cloacae
Enterococcus faecalis,
Enterococcus faecium
Escherichia coli
Fusobacterium spp.
Klebsiella aerogenes
Klebsiella oxytoca
Klebsiella pneumoniae
Morganella morganii
Mycobacterium spp.
Prevotella spp.
Proteus mirabilis
Proteus vulgaris
Pseudomonas aeruginosa
Serratia marcescens
Staphylococcus aureus
Staphylococcus saprophyticus
Streptococcus agalactiae
Streptococcus pneumoniae
Streptococcus pyogenes

Fungal

Acremonium strictum
Alternaria
Aspergillus fumigatus
Aspergillus niger
Aspergillus terreus
Aspergillus versicolor
Blastomyces dermatitidis
Candida albicans
Candida glabrata
Candida parapsilosis
Candida tropicalis
Cryptococcus neoformans
Epidermophyton floccosum
Fusarium oxysporum
Fusarium solani
Malasezzia spp.
Microsporum spp.
Scopulariopsis brevicaulis
Trichophyton mentagrophytes
Trichophyton rubrum
Trichophyton soudanense
Trichophyton tonsurans
Trichophyton violaceum

Normal Flora Pathogens

Corynebacterium spp.
Cutibacterium acnes
Malasezzia spp

Viral

Herpes Simplex virus 1 and 2
Varicella zoster virus

Resistance Genes

AmpC beta-lactamase (ACT/MIR, FOX, ACC)
Class A beta-lactamase (CTX-M-1, CTX-M-2, CTX-M-8/25,CTX-M-9)
Class A beta-lactamase (SHV, KPC)
Class B beta-lactamase (NDM, IMP, VIM)
Class D Oxacillinase (OXA-48, OXA-51)
Extended spectrum beta-lactamases (blaTEM)
Fluoroquinolone (qnrA1/A2, qnrB, qnrS)
Macrolide/Lincosamide/Streptogrammin (ermA1/A2, ermB, ermC)
Methicillin (mecA)
Tetracycline (tetB, tetM)
Trimethoprim and Sulfonamides (dfrA1, dfrA5, sul 1, sul 2)
Vancomycin (vanA, vanB)

ENCOMPASS DIAGNOSTICS

Accession Number: xxxx
Test Number: xxxxxxxxx
Date Test Performed: xx-xx-xxxx
Date Test Released: xx-xx-xxxx
Lab Director: xxxxxxxxx xxxxxxxxx

Molecular Pathology Report

WOUND

Patient Information	Specimen Information	Facility Information
Patient Record No: xxxx **Name:** xxxx xxxx **DOB:** xx-xx-xxxx **Gender:** xxxxxx **Address:** xxxxxxxxx, xxxx **Phone** (xxx) xxx-xxxx	**Reference ID:** xxxx **Collection Date:** xx-xx-xxxx **Received Date :** xx-xx-xxxx **Accession Date:** xx-xx-xxxx **Specimen Type:** xxxx **Specimen Location:**	**Facility:** xxxxxxxx **Address:** xxxxxxxxx, xxxx **Phone:** (xxx) xxx-xxxx **Physician Name:** xxxxxxxxx xxxxxxxx **Physician NPI:** xxxxxxxxx

Pathogens Detected

Bacterial

Target Name	Result	Microbial Load	CFU/mL Equivalence
Proteus mirabilis	Detected	HIGH	>100,000 [5.0000 - 16.9999 Ct]
Serratia marcescens	Detected	HIGH	>100,000 [5.0000 - 16.9999 Ct]
Staphylococcus aureus	Detected	MED	10,000 - 100,000 [17.0001 - 24.9999 Ct]
Enterococcus faecalis, Enterococcus faecium	Detected	MED	10,000 - 100,000 [17.0001 - 24.9999 Ct]
Acinetobacter baumannii	Detected	LOW	100 - 10,000 [25.0001 - 30.0000 Ct]

Fungal

No microbes detected

Viral

No microbes detected

Protozoal

No microbes detected

Resistances Detected

Target Name	Result
Macrolide/Lincosamide/Streptogrammin (ermA1/A2, ermB, ermC) resistance	Detected
Tetracycline (tetB, tetM) resistance	Detected
Methicillin (mecA) resistance	Detected
Class D Oxacillinase (OXA-48, OXA-51) resistance	Detected

ENCOMPASS DIAGNOSTICS

Therapeutic Guidance
WOUND

RxMDx TREATMENT NAVIGATOR

Patient: XXXX XXXXX	Accession: XXXX	Physician: XXX XXXXXXX	Provider: XXX XXXXXX

This report is provided for informational purposes only and does not constitute a medical diagnosis or prescription. The Lab results and recommendations are based on and are limited to the specimen source, organisms, resistance, allergies, and ICD-10 codes. These suggestions do not take into account the patient's full medical history, physical examination findings, or other diagnostic information. All diagnostic evaluations, clinical interpretations, and treatment decisions must be made by the treating physician. The treatment options listed in this report are generated by the RxMDx Treatment Navigator software, which synthesizes data from microbiological results and recognized clinical guidelines. These options are drawn from reputable sources such as: WHO, IDSA, NLM, NIAID, CDC, NIH, ATS, FDA

Primary Oral Option(s)

Treatment	Success	Cost	Dosage
Linezolid + Ciprofloxacin (Zyvox, Cipro, Ciprobay, Zyvoxid),FDA	95%	$$	600 / 500 mg, Oral 2x/day, 10 days
Linezolid + Trimethoprim-Sulfamethoxazole (Zyvox, Bactrim DS, Septra DS, Zyvoxid),FDA	90%	$$	600 / 160-800 mg, Oral 2x/day, 10 days

Alternative Oral Option(s)

Treatment	Success	Cost	Dosage
Delafloxacin (Baxdela)	85%	$$$	450 mg, Oral 2x/day, 10 days,
Linezolid + Levofloxacin (Zyvox, Levaquin, Tavanic)	95%	$$	600 / 750 mg, Oral 2 / 1x/day, 10 days

Topical Adjuncts

Treatment	Success	Cost	Dosage
Mupirocin (Bactroban, Centany)	60%	$	Topical 3x/day, 10 days

IV / Escalation Therapy

Treatment	Success	Cost	Dosage
Linezolid + Levofloxacin IV, (Zyvox IV, Levaquin IV, Tavanic IV)	98%	$$$	600 / 750 mg, IV 2 / 1x/day, 10 days

Not Recommended (Resistance-Guided Exclusions)

Treatment	Descrption
Amoxicillin-Clavulanate (Augmentin)	Not recommended because the mecA resistance gene was detected, indicating resistance to most beta-lactam antibiotics.
Doxycycline (Vibramycin)	Not recommended because tetB and tetM resistance genes were identified, rendering tetracyclines ineffective.
Ceftriaxone (Rocephin)	Not recommended because mecA indicates resistance to beta-lactams and this agent lacks activity against Enterococcus species.
Meropenem (Merrem)	Not recommended due to the mecA gene presence which requires avoidance of standard beta-lactam/carbapenem therapy.

[$] - If less than 100 [$$] - 100 to 500 [$$$] - If > 500 Allergies: Not provided

SPECIMEN COLLECTION METHOD | WOUND

MATERIALS PROVIDED

1 sterileswab
1 specimen bag
1 molecular transport tube
1 UPS/FedEx Lab Pak mailer



COLLECTION DO'S & DON'TS

DO - Collect sample by scraping the complete wound surface with a scalpel or curette. Optional method is to swab the entire wound area.

DO - Use Lidocaine if required but remove all Lidocaine prior to sampling by wiping with saline.

DO - Use injectable Lidocaine, as long as it does not get on the sample material.

DO - Remove slough and non viable material prior to taking your sample from the host tissue.

DO - Ship the sample as soon as possible after collection. EDx stability testing shows samples as viable at room temperature for at least 21 days after collection.

DO NOT - Get biocides, cleaning agents, or lidocaine on the tissue or swab sample. They will degrade the DNA during transport to the lab.

DO NOT - Do intensive deep debride- ment prior to taking the sample. The sample taken could contain only HOST DNA and you will receive an inconclu- sive result.

DO NOT - Take antibiotics. Patient must be off all antibiotics for 2 days prior to collection. This is optimal. However, if not possible, the test can still be run.

Patient Information

Step 1: MARK SAMPLE

Use a permanent marker to write patient name, date of birth and sample collection date on Swab Specimen Tube or 2mL Vial.



Step 2: SIGN LAB REQ

Please have the patient sign the lab requisition form accepting financial responsibility. Be sure the physician has also signed the lab requisition form confirming consent.



Step 3: INSURANCE INFORMATION

Submit patient face sheet and demographics with insurance information or both sides of a patient's insurance card. If this is a prepaid test skip this step.



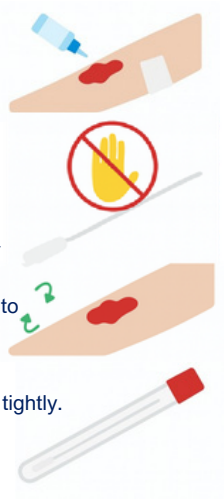
Swab Methods

Step 1: Use gauze and saline to lightly wipe the surfaceareato remove slough.

Step 2: Open the swab, ensuring hands do not touchthe stem.

Step 3: Roll the swab over entire surface area of thewound applying pressure as it moves across the wound. Get as much material on the swab as possible to ensure a conclusive sample.

Step 4: Insert swab into specimen tube and seal tightly.



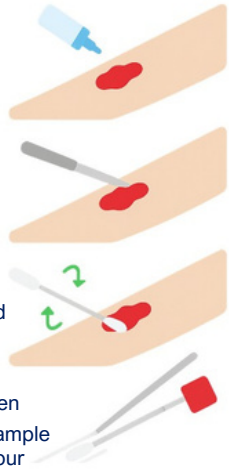
Debridement Method

Step 1 : Use gauze and saline to lightly wipe the surfaceareato remove slough.

Step 2 : For patient comfort, administer numbing agent when necessary. Wipe off all lidocaine gel with saline prior to taking sample.

Step 3: Scrape down debris until there is a little bit ofbleeding.Collect samples from all areas of the wound when possible, to ensure a full and accurate sample

Step 4: Ransfer sample from tools into 2mL specimen vial -making sure hands don't make contact with the sample or rim of the vial. Include all debridement material in your sample by placing into 2mL vial or the swab tube.



1.Place the Swab Specimen Tube or 2mL Vial into the center/sealable pocket of Biohazard Lab Bag.
2.Place folded Lab Requisition Form into the short pocket of the Lab Bag.
3.**IMPORTANT:** Place only one Sample and one Lab Requisition in each Lab Bag.
4.Peel strip off Lab Bag to expose adhesive backing and follow instructions printed on Bag to create a continuous, airtight seal.
5.Place the sealed Lab Bag into the EDx Shipping Box (shipping label already attached to bottom of box).
6.Close the EDx Shipping Box and seal with the clear sealing sticker or a piece of tape.
7.You can add multiple completed lab bags into the EDx Shipping Box.



DO NOT DISINFECT THE WOUND PRIOR TO SAMPLING UNLESS OTHERWISE NOTED