invivo

FEMALE ECOLOGIX™ REPORT

REPORT ID: S000636

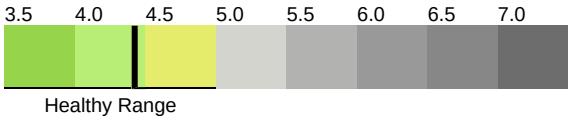
TEST REPORTED: 29/12/2019
TEST RECEIVED: 01/12/2019
PATIENT NAME:
PATIENT DOB:
GENDER:

REPORT STATUS: COMPLETED
CLINICIAN NAME:
ACCESSION NO: 34567
SAMPLE TYPE: VAGINAL SWAB

The Phylobioscience Female EcologiX™ profile utilises quantitative real-time PCR (qRT-PCR) for analysis of vaginal microbiota. qRT-PCR results are reported as quantification of microbial gene of interest copies in a community sample relative to endogenous gene control (i.e. gut, vaginal). qRT-PCR reactions are performed using Taqman technology. The results show representative numbers proportional to normalised qRT-PCR value.

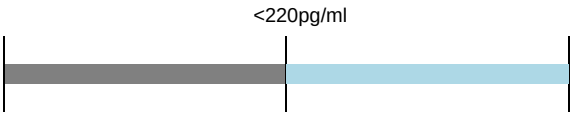
Vaginal pH

RESULTS: **PH RANGE:**

pH HEALTHY RANGE: 3.8-4.5	pH 4.4	

Vaginal Health Markers (ELISAS)

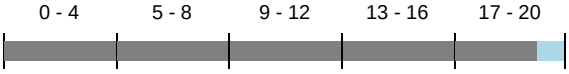
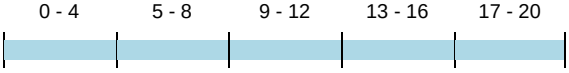
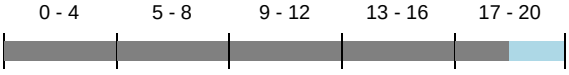
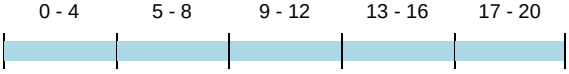
RESULTS: **RATING:**

IL1ß RANGE:<220pg/ml	200pg/ml		NORMAL

▲ Health immune markers are quantified by using enzyme-linked immunosorbent assay (ELISA) which is based on antigen-antibody reactions. Please refer to the Phlyobioscience interpretive guide for more details on health markers.

Lactobacillus

RESULTS: **ABUNDANCE:**

Lactobacillus crispatus	19		VERY HIGH
Lactobacillus gasseri	<DL		<DL
Lactobacillus iners	18		VERY HIGH
Lactobacillus jensenii	<DL		<DL

▲ Recent work has classified the vaginal microbiota into five core Community State Types (CST). These groups are distinguished on whether communities are dominated by Lactobacillus spp., and by the species of Lactobacillus present. To learn about associations between CST and clinical conditions, please refer to the Phylobioscience interpretive guide.

Opportunistic Bacteria

RESULTS: **ABUNDANCE:**

		0 - 4	5 - 8	9 - 12	13 - 16	17 - 20	
Atopobium vaginae	<DL						<DL
BVAB2	<DL						<DL
Gardnerella vaginalis	<DL						<DL
Megasphera 1	<DL						<DL
Megasphera 2	<DL						<DL
Mobiluncus curtisii	<DL						<DL
Mobiluncus mulieris	<DL						<DL
Prevotella bivia	<DL						<DL
Ureaplasma urealyticum	<DL						<DL

▲ Opportunistic Bacteria: Opportunistic bacteria live in symbiosis with the host under normal conditions. To learn more about associations between opportunistic bacteria and clinical conditions, please refer to the Phylobioscience interpretive guide. <DL: Microorganism is not detected/below detection limit.

Pathobionts

RESULTS: **ABUNDANCE:**

		0 - 4	5 - 8	9 - 12	13 - 16	17 - 20	
Enterococcus faecalis	<DL						<DL
Escherichia coli	<DL						<DL
Staphylococcus aureus	<DL						<DL
Streptococcus agalactiae	<DL						<DL

▲ Pathobionts: Pathobionts are enteric bacteria that have entered a new environment such as the genital tract. To learn about associations between pathobiont and clinical conditions, please refer to the Phylobioscience interpretive guide. <DL: Microorganism is not detected/below detection limit.

Opportunistic Fungi

RESULTS: **ABUNDANCE:**

		0 - 4	5 - 8	9 - 12	13 - 16	17 - 20	
Candida albicans	<DL						<DL
Candida glabrata	<DL						<DL

		0 - 4	5 - 8	9 - 12	13 - 16	17 - 20	
Candida krusei	<DL						<DL
Candida parapsilosis	<DL						<DL
Candida tropicalis	<DL						<DL

▲ Opportunistic Fungi: Opportunistic fungi may induce pathogenesis under special conditions in the genital tract. These conditions may promote overgrowth of these species and transition to pathogenic growth mode (hyphae). To learn more about associations between opportunistic fungi and clinical conditions, please refer to the Phylobioscience interpretive guide. <DL: Microorganism is not detected/below detection limit.

Test Information: The Female EcologiX™ profile measures the composition of vaginal microbiota species and host immune markers using modern and culture-independent technologies. Results of this test cannot be used for diagnosis of disease or health conditions. Detection or lack of detection of microorganism or immune markers in this test, does not imply diagnosis of disease or clinical condition. The Female EcologiX™ test should not replace routine examinations with doctors and healthcare professionals i.e. smear tests.

Lab Director:
Jaspal Patil, PhD