



## CLINICIAN BENEFITS

TruGI utilizes quantitative Real-Time Polymerase Chain Reaction (qPCR) to rapidly analyze your patient's sample in 24 hours. RT-PCR technology precisely detects the correct pathogen(s) and identifies antibiotic drug resistance. This allows providers the ability to prescribe timely and effective treatment.

## THE VERODX DIFFERENCE

- Detects polymicrobial infections
- PharmD interpretation
- Easy ordering platform
- Integrates with your EMR/ EHR
- Aids in antibiotic stewardship
- Unaffected by concurrent antibiotic use

## WHAT WE TEST FOR

### Bacterial

- *Campylobacter spp*
- *Clostridium difficile*
- *E.coli 0157*
- *Enteroaggregative E. coli (EAEC)*
- *Enteroinvasive E. coli*
- *Enteropathogenic E. coli (EPEC)*
- *Enterotoxigenic E. coli (ETEC)*
- *Helicobacter pylori*
- *Plesiomonas shigelloides*
- *Pseudomonas aeruginosa*
- *Salmonella spp.*
- *Shigella spp.*
- *Staphylococcus aureus*
- *STEC*
- *Vibrio cholerae*
- *Yersinia enterocolitica*

### Parasitic

- *Cryptosporidium spp.*
- *Dientamoeba fragilis*
- *Entamoeba histolytica*
- *Giardia lamblia*

### Viral

- *Adenovirus 3*
- *Astrovirus*
- *Norovirus G1*
- *Norovirus G2*
- *Rota virus*
- *Sapovirus*

### ANTIBIOTIC RESISTANCE GENES

- \* *Class A beta lactamase CTX-M1 (15), M2 (2), M9 (9), M8/25*
- \* *Class A beta lactamase SHV, KPC Groups*
- \* *Class B metallo beta lactamase IMP, NDM, VIM Groups*
- \* *Class D oxacillinase OXA-48, -51*
- \* *Extended Spectrum Betalactamases Resistance Gene TEM G236S*
- \* *Fluroquinolone Resistance Genes qnrA1, qnrA2, qnrB (qnrS)*
- \* *Macrolide Lincosamide Streptogramin Resistance ermB, ermC, ermA*
- \* *Methicillin Resistance Gene mecA*
- \* *Tetracycline Resistance Gens tetB, tetM Trimethoprim/ Sulfamethoxazole*
- \* *Resistance dfr(A1,A5), sul(1,2)*
- \* *Vancomycin Resistance Genes VanA, VanB*



**Accurate diagnosis  
as soon as 48 hours**


 Vero Diagnostics  
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 Fax: N/A

**Patient Name:** Mickey Mouse      **Date of Birth:** 10/05/1995      **Gender:** Female      **Race:**
**Facility Information**
**Ordering Provider:** Dr. Faraz Test  
**Facility:** Test Facility  
**Facility Phone:** 000000000  
**Facility Fax:** 1111111111

**Specimen Information**
**ACC** D2210130022  
**Collection Date:** 10/06/2022      **Report Date:** 10/13/2022  
**Received Date:** 10/07/2022      **Sample Type:**  
**Notes:**
**PATHOGENS DETECTED**


Organism	Estimates Copies/mL	Estimated Mic. Load
Clostridium difficile (toxins A, B genes)		Detected

**RESISTANCE GENES DETECTED**

**dfr (A1, A5), sul (1, 2) Genes**

These genes are associated with potential resistance to Trimethoprim (dfr) or sul (sulfa drugs).

**Erm B**

These genes are associated with potential resistance to Macrolides, Lincosamides, and Streptogramin B antibiotics such as azithromycin, erythromycin, and clindamycin

**tetB, tetM**

These genes are associated with potential resistance to tetracycline antibiotics. Smaller chance of crossover resistance to doxycycline and minocycline.

**ATACHOICE<sup>™</sup> Therapeutic Guidance**

Drug Allergies:

Notes from Ordering Physician:

Notes from Pharmacist:

**Medication Review**

Category	Medication	Route	Dose	Consideration
First Line	Vancomycin	PO	MILD: 125mg po qid x10 days (give for 14 days if improving but not resolved) SEVERE: initial episode: 500mg po q6h or by NGT + metronidazole 500mg IV q8h	Dose and frequency dependent on renal function. Goal trough 15-20 mcg/ml. Caution in elderly, hearing impaired, or patients with renal impairment. No oral absorption.
Alternative	Mebendazole	PO	500mg po tid (avoid use in more severe disease; increased mortality compared to vancomycin)	Avoid alcohol use during and 24hrs after treatment. Caution if hepatic impairment. May cause metallic-like taste.