



CLINICIAN BENEFITS

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

WHAT WE TEST FOR

BACTERIUM

- * *Legionella pneumophila*
- * *Mycoplasma pneumoniae*
- * *Streptococcus agalactiae*
- * *Streptococcus pyogenes*
- * *Staphylococcus aureus*
- * *Streptococcus pneumoniae*
- * *Haemophilus influenzae*
- * *Moraxella catarrhalis*
- * *Bordetella pertussis*
- * *Bordetella (PAN)*
- * *Mycobacterium avium complex (MAC)*
- * *M. tuberculosis*
- * *Acinetobacter baumannii*
- * *Enterobacter*
- * *Klebsiella pneumoniae*
- * *Proteus mirabilis*
- * *Pseudomonas aeruginosa*
- * *Chlamydia pneumoniae*
- * *Enterobacter cloacae*

FUNGAL

- * *Aspergillus fumigatus*

VIRUS

- * *Influenza A virus (Pan)*
- * *Influenza B virus (Flu_B_pan)*
- * *Human metapneumovirus*
- * *Human Res Syncytial Virus A+B (RSVA)*
- * *Human Rhinovirus 1/2*
- * *Human Bocavirus (HBoV)*
- * *Herpes Zoster (HHV3)*
- * *Adenovirus 1 & 2 Alpha*
- * *Adenovirus 1 & 2 Beta*
- * *Parainfluenza virus 1, 2,3*
- * *Parainfluenza virus 4*
- * *Enteroviruses A,B,C*
- * *Enteroviruses D68*
- * *Epstein-Barr virus (EBV) (HHV4)*
- * *Cytomegalovirus (CMV) (HHV5)*
- * *Covid-19- Sars*
- * *Human Coronavirus 229E*
- * *Coronavirus HKU1*
- * *Coronavirus NL63*
- * *Coronavirus OC43*

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*

48h



Vero Diagnostics
3216 S Alston Ave
Durham, NC 27713
Phone: 919-341-1256

Director: Dr. Manoj Tyagi,
PhD. NRCC, FAACC/FACB,
Fax: N/A



Patient Name: Krish Thaker **Date of Birth:** 12/06/2017 **Gender:** Male **Race:**

Facility Information

Ordering Provider: Testing
Facility: Professional Therapy Solutions
Facility Phone: (248) 327-6619
Facility Fax: 000000000

Specimen Information

ACC D2210030001
Collection Date: 10/03/2022 **Report Date:** 10/04/2022
Received Date: 10/04/2022 **Sample Type:** Nasopharyngeal
Notes:

PATHOGENS DETECTED



Organism	Estimates Copies/mL	Estimated Mic. Load
Haemophilus influenzae	1 x 10 ⁷	High
Respiratory syncytial virus	1 x 10 ⁷	High
Rhinovirus A + B + C	1 x 10 ⁵	Moderate

RESISTANCE GENES DETECTED



No resistance detected
No resistance genes detected.

ATA CHOICE™ Therapeutic Guidance

Drug Allergies:

Notes from Ordering Physician:

Notes from Pharmacist: Result demonstrates microbes found and potential for infection present. Bacterial organisms detected will be assessed based on the linear amplification curve to give approximate quantitative ranges. Not all bacteria found require therapy; likewise, therapy may be needed at lower ranges for the young, elderly and immunocompromised. The provider must use clinical assessment of patient's symptoms and signs along with these ranges to make the final judgement of antibiotic intervention. ANY POSITIVE DETECTION MUST BE EVALUATED FOR CAUSE OF DISEASE STATE.

Supportive care is the mainstay of therapy for RSV infection. Hydration, supplemental oxygen

Rhinovirus is found in 50% of children with community-acquired pneumonia; however it's role in pathogenesis is unclear. Most rhinovirus infections are self-limiting and treatment is supportive and symptomatic. There is no evidence to support use of antibiotic or antiviral therapy in the treatment of rhinovirus. No antiviral therapy indicated for Rhinovirus, treatment is symptomatic.