



## CLINICIAN BENEFITS

TruWound 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

### BACTERIA

- *Acinetobacter baumannii*
- *Clostridium perfringens*
- *Bacteroides fragilis*
- *Enterobacter aerogenes*
- *Enterobacter cloacae*
- *Escherichia coli*
- *Enterococcus faecalis*
- *Enterococcus faecium*
- *Staphylococcus epidermidis femA*
- *Klebsiella oxytoca*
- *Klebsiella pneumoniae*
- *Morganella morganii*
- *Pseudomonas aeruginosa*
- *Peptostreptococcus anaerobius*
- *Peptostreptococcus asaccharolyticus*
- *Peptostreptococcus ragnus*
- *Peptostreptococcus prevotii*
- *Prevotella spp.*
- *Streptococcus agalactiae*
- *Staphylococcus aureus*
- *Serratia marcescens*
- *Streptococcus pneumoniae*
- *Streptococcus pyogenes*
- *Proteus mirabilis ureR*
- *Corynebacterium jeikeium*
- *Staphylococcus haemolyticus*
- *Fusobacterium nucleatum*
- *Anaerococcus vaginalis*
- *Citrobacter freundii*
- *Peptoniphilus harei*
- *Stenotrophomonas maltophilia*
- *Haemophilus influenzae*
- *Mycobacterium Leprae*
- *Mycobacterium Tuberculosis*
- *B Atrophea us*

### FUNGAL

- *Candida albicans*
- *Candida auris*
- *Aspergillus fumigatus*
- *Trichophyton interdigitale*
- *Trichophyton tonsurans*
- *Trichophyton rubrum*
- *Trichophyton violaceum*
- *Trichophyton soudanense*

### VIRAL

- *Herpes zostervirus (Varicella zostervirus) (HHV3\_)*
- *Herpes 1, HSV1*
- *Herpes 2 HSV2*

### 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

Accurate diagnosis  
as soon as 48 hours


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

**Specimen Information**
**ACC** D2210130038  
**Collection Date:** 10/05/2022      **Report Date:** 10/13/2022  
**Received Date:** 10/06/2022      **Sample Type:** Swab[Left Lateral Foot]  
**Notes:**
**PATHOGENS DETECTED**


Organism	Estimates Copies/mL	Estimated Mic. Load
Pseudomonas aeruginosa	1 x 10 <sup>7</sup>	High
Streptococcus pyogenes	1 x 10 <sup>6</sup>	High

**RESISTANCE GENES DETECTED**

**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	Levofloxacin	PO	750 mg PO/IV QD x 10-14 days	Black box warning for tendinitis and tendon rupture, peripheral neuropathy, and CNS effects in elderly - anxiety, confusion, depression, hallucinations. . Second line use for acute sinusitis, acute bronchitis, and uncomplicated UTI . Avoid in ages below 16. Avoid in pregnancy. adjust dose CrCl <50min/ml. Can cause C difficile. Do not use with Amiodarone.
Alternative	Cefepime	IV	2g IV q8-12h	Adjust dose with renal impairment
Alternative	Piperacillin-Tazobactam	IV	4.5 g IV q6h	Adjust dose if CrCl<40, Avoid in PCN drug allergies and caution in cephalosporin drug allergies.
Other Options	Meropenem	IV	1 g IV q8h	To cover Pseudomonas and Streptococcus. Adjust dose with renal impairment.