



P: 1300 688 522
E: info@nutripath.com.au
A: PO Box 442 Ashburton VIC 3142

TEST PATIENT

GUa d'Y'HYghBUa Y
Sex : :
DUHY Collected : 00-00-0000
111 H9GH'ROAD TEST SUBURB
@AB =8: 00000000 UR#:0000000

TEST PHYSICIAN

DR JOHN DOE
111 CLINIC STF 99H
7@-B=7 'GI 6I F 6'J =7'' \$\$\$

MICROBIOLOGY

STOOL, SPOT

Result Range Units

FAECES SPECIMEN

STOOL - MICROSCOPY DAY 1

MACROSCOPIC DESCRIPTION: Liquid

MICROSCOPY

POLYMORPHS: Nil

RBC.....: Nil

EIA Antigen: Giardia and Cryptosporidium NOT detected.

DETECTED: Blastocystis hominis: +++

STOOL CULTURE DAY 1

NO ENTERIC PATHOGENS ISOLATED.

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Faecal Multiplex PCR**PARASITIC PATHOGENS:**

Giardia intestinalis: Not Detected
 Cryptosporidium species: Not Detected
 Dientamoeba fragilis: Not Detected
 Entamoeba histolytica: Not Detected
 Blastocystis species: DETECTED

BACTERIAL PATHOGENS

Campylobacter species: Not Detected
 Salmonella species: Not Detected
 Shigella species: Not Detected
 Yersinia enterocolitica: Not Detected
 Aeromonas species: Not Detected
 Plesiomonas species: Not Detected

Not Detected results indicate the absence of detectable DNA in this sample for the 11 enteropathogens reported.

Blastocystis hominis has been DETECTED by Multiplex PCR. DNA consistent with the presence of B. hominis has been detected using ultra-sensitive PCR techniques. It has been observed during this assay that the identification value of this detected organism is reported at: 17.49

This value represents a strong positive detection, which indicates that it is potentially indicative of an active infection with the presence of predominantly live organisms.

Blastocystis hominis may be the cause of persistent, mild diarrhoea. It is endemic in Australia, although it may also be associated with recent overseas travel. Detection suggests the ingestion of contaminated material and continued symptoms may require further specimens for the detection of bacterial, viral and/or parasitic pathogens. A CDSA profile should be considered to rule out any bacterial or viral infections.

If treatment is warranted, metronidazole 400 - 750mg (child 12-17mg/kg up to 750mg) tds for at least 10 days. Lower dosages are usually associated with treatment failure.