GENOVA DIAGNOSTICS

63 Zillicoa Street
Asheville, NC 28801

GI fx GI Effects Stool Profiles

Patient:

DOB:
Sex:
MRN:

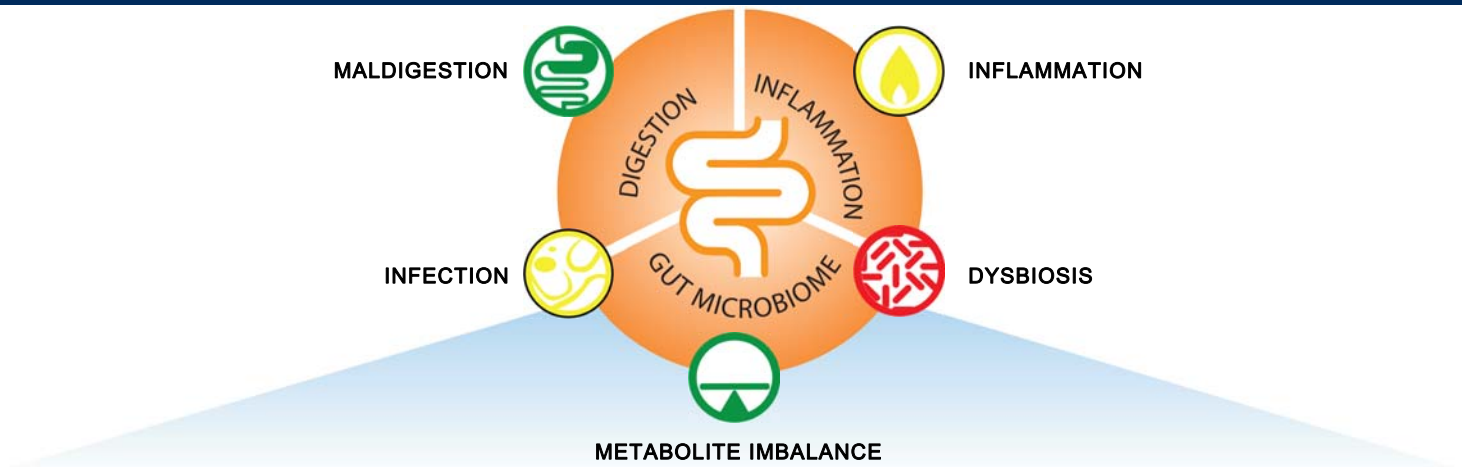
Order Number:
Reported:
Received:
Collected:

Cactus Health Romania
Andrada Militaru
4E Zagazului St, Apt. B4, 1st District
Grnd Flr, Room5
Bucharest, 14262
Romania

2200 GI Effects™ Comprehensive Profile - Stool

Powered by Genova AI

Results Overview



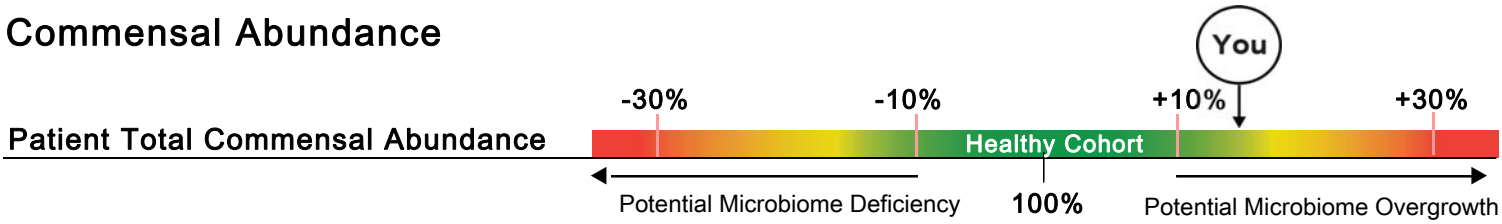
Functional Imbalance Scores

Key (< 2) : Low Need for Support (2-3) : Optional Need for Support (4-6) : Moderate Need for Support (7-10) : High Need for Support

	Need for Digestive Support	Need for Inflammation Modulation	Need for Microbiome Support	Need for Prebiotic Support	Need for Antimicrobial Support
	MALDIGESTION	INFLAMMATION	DYSBIOSIS	METABOLIC IMBALANCE	INFECTION
	0	6	9	1	6
Biomarkers	Fecal Fats ▽ Pancreatic Elastase ● Products of Protein Breakdown ●	Eosinophil Protein X △ Secretory IgA △ Calprotectin ● Occult Blood ●	PP Bacteria/Yeast ▲ IAD/Methane Score △ Total Abundance △ Reference Variance ●	Beta-glucuronidase ▼ SCFA (%) △ Total SCFA's ● n-Butyrate Conc. ●	PP Bacteria/Yeast ▲ Total Abundance △ Parasitic Infection ● Pathogenic Bacteria ●
Therapeutic Support Options	• Digestive Enzymes • Betaine HCl • Bile Salts • Apple Cider Vinegar • Mindful Eating Habits • Digestive Bitters	• Elimination Diet/ Food Sensitivity Testing • Mucosa Support: Slippery Elm, Althea, Aloe, DGL, etc. • Zinc Carnosine • L-Glutamine • Quercetin • Turmeric • Omega-3's • GI Referral (If Calpro is Elevated)	• Pre-/Probiotics • Increase Dietary Fiber Intake • Consider SIBO Testing • Increase Resistant Starches • Increase Fermented Foods • Meal Timing	• Pre-/Probiotics • Increased Dietary Fiber Intake • Increase Resistant Starches • Increase Fermented Foods • Calcium D-Glucarate (for high beta-glucuronidase)	• Antibiotics (if warranted) • Antimicrobial Herbal Therapy • Antiparasitic Herbal Therapy (if warranted) • *Saccharomyces boulardii*

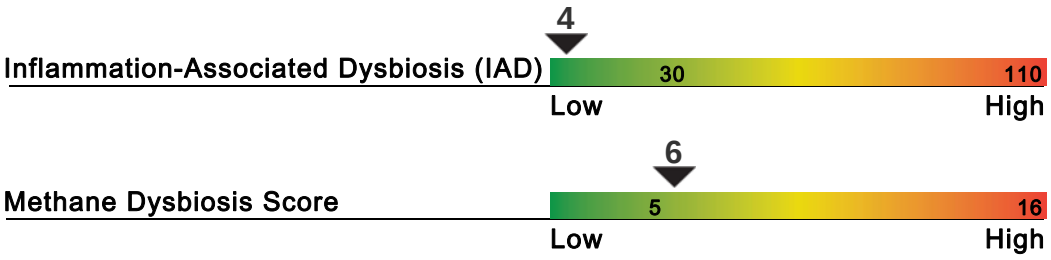
Commensal Microbiome Analysis

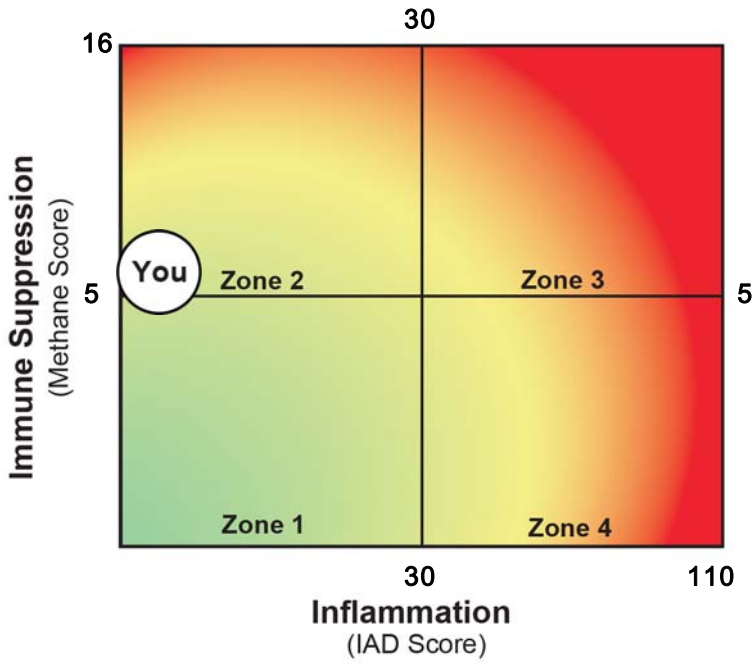
Commensal Abundance



Total Commenal Balance: The total commensal abundance is a sum-total of the reported commensal bacteria compared to a healthy cohort. Low levels of commensal bacteria are often observed after antimicrobial therapy, or in diets lacking fiber and/or prebiotic-rich foods and may indicate the need for microbiome support. Conversely, higher total commensal abundance may indicate potential bacteria overgrowth or probiotic supplementation.

Dysbiosis Patterns





Dysbiosis Patterns: Genova's data analysis has led to the development of unique dysbiosis patterns, related to key physiologic disruptions, such as immunosuppression and inflammation. These patterns may represent dysbiotic changes that could pose clinical significance. Please see Genova's published literature for more details: https://rdcu.be/bRhzv

Zone 1: The commensal profile in this zone does not align with profiles associated with intestinal inflammation or immunosuppression. If inflammatory biomarkers are present, other causes need to be excluded, such as infection, food allergy, or more serious pathology.

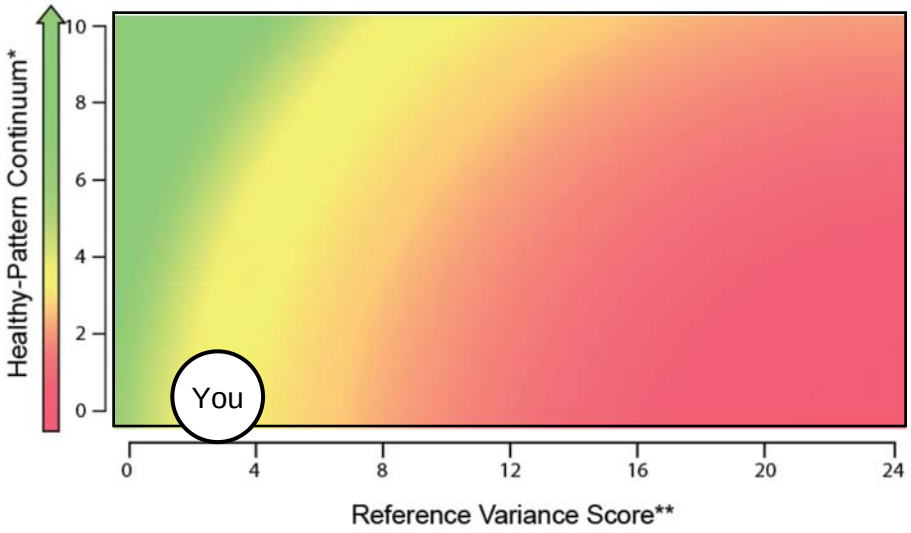
Zone 2: This pattern of bacteria is associated with impaired intestinal barrier function (low fecal sIgA and EPX). Patients in this zone have higher rates of opportunistic infections (e.g. *Blastocystis spp.* & *Dientamoeba fragilis*) as well as fecal fat malabsorption. Commensal abundance is higher in this group suggesting potential bacterial overgrowth.

Zone 3: Patients in this zone may have more inflammation compared to those in zone 4. However, commensal abundance is usually higher making use of antimicrobial therapy relatively safer. Patients in this zone may have higher rates of pathogenic infections.

Zone 4: This commensal profile is associated with increased intestinal inflammation. IBD patients are more likely to have this pattern of bacteria. Commensal abundance is lower in this zone; therefore, antibiotic use for GI potential pathogens should be used with caution. In addition to standard treatment for intestinal inflammation, modulation of the commensal gut profile is encouraged.

Commensal Microbiome Analysis

Commensal Balance

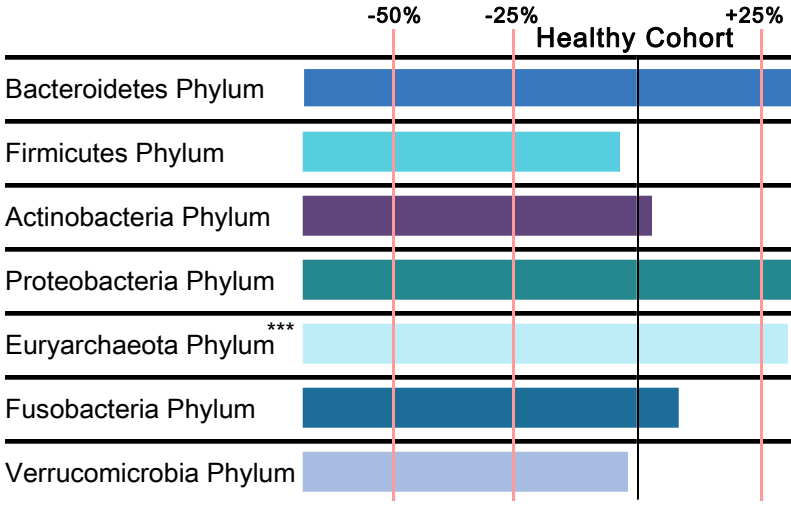


Balanced	Represents 95% of healthy individuals
Borderline	Represents 5% of healthy individuals
Imbalanced	Represents 60% of unhealthy individuals

*A progressive ranking scale based on a Genova proprietary algorithm that differentiates healthy and unhealthy commensal patterns.

**The total number of Commensal Bacteria (PCR) that are out of reference ranges for this individual.

Relative Commensal Abundance



Increase in *Bacteroides* spp. and *Odoribacter* spp. seen in animal-based diets; *Prevotella* increased with plant-based diet

Contains many butyrate-producers; most species responsive to plant-based diets; *Faecalibacterium* spp. is anti-inflammatory

Bifidobacterium is increased with plant-based diets; *Collinsella* may be proinflammatory, and is elevated with a Western-diet

Some species may be proinflammatory; *E. coli* consumes simple sugars and is lower in individuals on plant-based diets

Methanobrevibacter smithii is associated with methane production and with diets high in carbohydrates

Certain *Fusobacterium* spp. may be proinflammatory and increased on low fiber, high fat diets

Akkermansia spp. is involved in gut membrane integrity and may be increased with polyphenols and prebiotics

Relative Abundance: The relative abundance compares the quantity of each of 7 major bacterial phyla to a healthy cohort. This can indicate broader variances in the patient's gut microbiome profile. Certain interventions may promote or limit individual phyla when clinically appropriate. Please refer to Genova's Stool Testing Support Guide for more information on modulation of commensal bacteria through diet & nutrient interventions. ***Approximately 75% of the healthy cohort had below detectable levels of *Methanobrevibacter smithii.*

Physician Notes/Recommendations

2200 GI Effects™ Comprehensive Profile - Stool

Methodology: GC-FID, Automated Chemistry, EIA

	Result	QUINTILE DISTRIBUTION (1st 2nd 3rd 4th 5th)	Reference Range
Digestion and Absorption			
Pancreatic Elastase 1 †	>500	100 200	>200 mcg/g
Products of Protein Breakdown (Total*) (Valerate, Isobutyrate, Isovalerate)	3.8		1.8-9.9 micromol/g
Fecal Fat (Total*)	6.1		3.2-38.6 mg/g
Triglycerides	0.3		0.3-2.8 mg/g
Long-Chain Fatty Acids	3.1		1.2-29.1 mg/g
Cholesterol	2.7		0.4-4.8 mg/g
Phospholipids	<DL L		0.2-6.9 mg/g
Inflammation and Immunology			
Calprotectin †	18	50 120	<=50 mcg/g
Eosinophil Protein X (EPX)†	3.5	1.1 4.6	<=4.6 mcg/g
Fecal secretory IgA	1,846	680 2040	<=2,040 mcg/mL
Gut Microbiome Metabolites			
Metabolic			
Short-Chain Fatty Acids (SCFA) (Total*) (Acetate, n-Butyrate, Propionate)	60.4		>=23.3 micromol/g
n-Butyrate Concentration	16.4		>=3.6 micromol/g
n-Butyrate %	27.2		11.8-33.3 %
Acetate %	60.6		48.1-69.2 %
Propionate %	12.3		<=29.3 %
Beta-glucuronidase	<DL L		368-6,266 U/g

**Total value is equal to the sum of all measurable parts.*
†These results are not represented by quintile values.
Tests were developed and their performance characteristics determined by Genova Diagnostics. Unless otherwise noted with ◆, the assays have not been cleared by the U.S. Food and Drug Administration.

Methodology: DNA by PCR

Gastrointestinal Microbiome (PCR)**

Commensal Bacteria (PCR)	Result CFU/g stool		QUINTILE DISTRIBUTION 1st 2nd 3rd 4th 5th	Reference Range CFU/g stool
Bacteroidetes Phylum				
Bacteroides-Prevotella group	1.2**E9**			3.4**E6** - 1.5**E9**
Bacteroides vulgatus	4.9**E8**			<=2.2**E9**
Barnesiella spp.	1.2**E7**			<=1.6**E8**
Odoribacter spp.	1.4**E7**			<=8.0**E7**
Prevotella spp.	1.2**E7**			1.4**E5** - 1.6**E7**
Firmicutes Phylum				
Anaerotruncus colihominis	<DL			<=3.2**E7**
Butyrivibrio crossotus	6.8**E4**			5.5**E3** - 5.9**E5**
Clostridium spp.	1.7**E9**			1.7**E8** - 1.5**E10**
Coprococcus eutactus	3.3**E7**			<=1.2**E8**
Faecalibacterium prausnitzii	8.0**E9**	H		5.8**E7** - 4.7**E9**
Lactobacillus spp.	1.8**E9**			8.3**E6** - 5.2**E9**
Pseudoflavonifractor spp.	1.7**E8**	H		4.2**E5** - 1.3**E8**
Roseburia spp.	3.5**E9**			1.3**E8** - 1.2**E10**
Ruminococcus spp.	2.4**E8**			9.5**E7** - 1.6**E9**
Veillonella spp.	3.4**E7**			1.2**E5** - 5.5**E7**
Actinobacteria Phylum				
Bifidobacterium spp.	3.3**E9**			<=6.4**E9**
Bifidobacterium longum	1.5**E8**			<=7.2**E8**
Collinsella aerofaciens	7.0**E8**			1.4**E7** - 1.9**E9**
Proteobacteria Phylum				
Desulfovibrio piger	2.5**E7**	H		<=1.8**E7**
Escherichia coli	7.3**E6**			9.0**E4** - 4.6**E7**
Oxalobacter formigenes	9.9**E5**			<=1.5**E7**
Euryarchaeota Phylum				
Methanobrevibacter smithii	5.3**E7**			<=8.6**E7**
Fusobacteria Phylum				
Fusobacterium spp.	2.4**E4**			<=2.4**E5**
Verrucomicrobia Phylum				
Akkermansia muciniphila	1.4**E7**			>=1.2**E6**
Firmicutes/Bacteroidetes Ratio				
Firmicutes/Bacteroidetes (F/B Ratio)	13			12-620

The gray-shaded portion of a quintile reporting bar represents the proportion of the reference population with results below detection limit.

Commensal results and reference range values are displayed in a computer version of scientific notation, where the capital letter "E" indicates the exponent value (e.g., 7.3E6 equates to 7.3 x 10^6 or 7,300,000).

The Firmicutes/Bacteroidetes ratio (F/B Ratio) is estimated by utilizing the lowest and highest values of the reference range for individual organisms when patient results are reported as <DL or >UL.

Methodology: Culture/MALDI-TOF MS, Automated and Manual Biochemical Methods, Vitek® 2 System Microbial identification and Antibiotic susceptibility

Gastrointestinal Microbiome (Culture)

Human microflora is influenced by environmental factors and the competitive ecosystem of the organisms in the GI tract. Pathogenic significance should be based upon clinical symptoms.

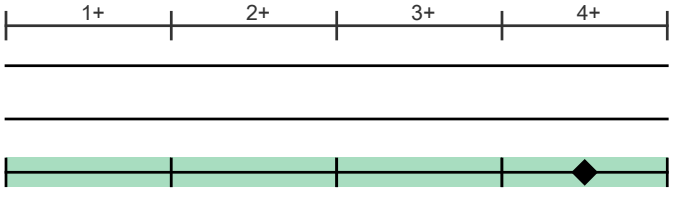
Microbiology Legend

NG	NP	PP	P
No Growth	Non-Pathogen	Potential Pathogen	Pathogen

Additional Bacteria

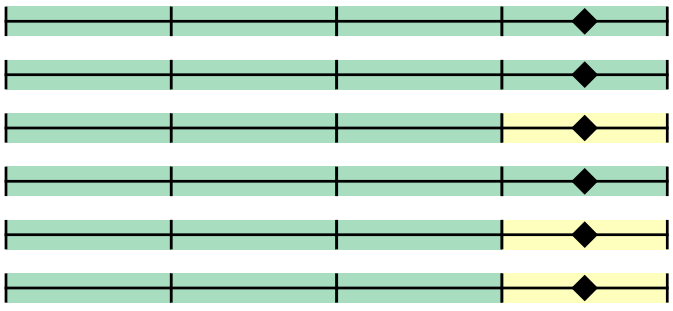
Non-Pathogen: Organisms that fall under this category are those that constitute normal, commensal flora, or have not been recognized as etiological agents of disease.
Potential Pathogen: Organisms that fall under this category are considered potential or opportunistic pathogens when present in heavy growth.
Pathogen: The organisms that fall under this category have a well-recognized mechanism of pathogenicity in clinical literature and are considered significant regardless of the quantity that appears in the culture.

Bacteriology (Culture)



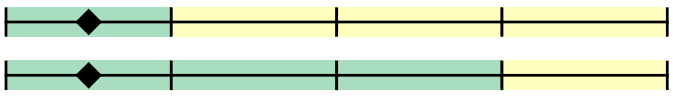
Lactobacillus spp.		NG
Escherichia coli		NG
Bifidobacterium	4+	NP

Additional Bacteria



alpha haemolytic Streptococcus	4+	NP
Haemolytic Escherichia coli	4+	NP
Klebsiella pneumoniae	4+	PP
Enterococcus faecalis	4+	NP
Enterobacter cloacae	4+	PP
Citrobacter farmeri	4+	PP

Mycology (Culture)



Candida kruseii	1+	NP
Rhodotorula species	1+	NP

Parasitology

Microscopic O&P Results

Microscopic O&P is capable of detecting all described gastrointestinal parasites. The organisms listed in the box represent those commonly found in microscopic stool analysis. Should an organism be detected that is not included in the list below, it will be reported in the Additional Results section. For an extensive reference of all potentially detectable organisms, please visit www.gdx.net/product/gi-effects-comprehensive-stool-test

Genus/species	Result
Nematodes - roundworms	
Ancylostoma/Necator (Hookworm)	Not Detected
Ascaris lumbricoides	Not Detected
Capillaria philippinensis	Not Detected
Enterobius vermicularis	Not Detected
Strongyloides stercoralis	Not Detected
Trichuris trichiura	Not Detected
Cestodes - tapeworms	
Diphyllobothrium latum	Not Detected
Dipylidium caninum	Not Detected
Hymenolepis diminuta	Not Detected
Hymenolepis nana	Not Detected
Taenia spp.	Not Detected
Trematodes - flukes	
Clonorchis/Opisthorchis spp.	Not Detected
Fasciola spp./ *Fasciolopsis buski*	Not Detected
Heterophyes/Metagonimus	Not Detected
Paragonimus spp.	Not Detected
Schistosoma spp.	Not Detected
Protozoa	
Balantidium coli	Not Detected
Blastocystis spp.	Not Detected
Chilomastix mesnili	Not Detected
Cryptosporidium spp.	Not Detected
Cyclospora cayetanensis	Not Detected
Dientamoeba fragilis	Not Detected
Entamoeba coli	Not Detected
Entamoeba histolytica/dispar	Not Detected
Entamoeba hartmanii	Not Detected
Entamoeba polecki	Not Detected
Endolimax nana	Not Detected
Giardia	Not Detected
Iodamoeba buetschlii	Not Detected
Cystoisospora spp.	Not Detected
Trichomonads (e.g. *Pentatrichomonas*)	Not Detected
Additional Findings	
White Blood Cells	Not Detected
Charcot-Leyden Crystals	Not Detected
Other Infectious Findings	

Parasitology

PCR Parasitology - Protozoa

Methodologies: DNA by PCR, Next Generation Sequencing

Organism	Result	Units		Expected Result
Blastocystis spp.	<2.14e2	femtograms/microliter C&S stool	Not Detected	Not Detected
Cryptosporidium parvum/hominis	<1.76e2	genome copies/microliter C&S stool	Not Detected	Not Detected
Cyclospora cayetanensis	<2.65e2	genome copies/microliter C&S stool	Not Detected	Not Detected
Dientamoeba fragilis	<1.84e2	genome copies/microliter C&S stool	Not Detected	Not Detected
Entamoeba histolytica	<9.64e1	genome copies/microliter C&S stool	Not Detected	Not Detected
Giardia	<1.36e1	genome copies/microliter C&S stool	Not Detected	Not Detected

Blastocystis spp. Reflex Subtyping

Type 1:	N/A	Type 4:	N/A	Type 7:	N/A
Type 2:	N/A	Type 5:	N/A	Type 8:	N/A
Type 3:	N/A	Type 6:	N/A	Type 9:	N/A

A not applicable (N/A) result for *Blastocystis* reflex subtyping indicates the test was not performed.

Additional Results

Methodology: Fecal Immunochemical Testing (FIT)

	Result	Expected Value
Fecal Occult Blood◆	Negative	Negative
Color††	Light Brown	
Consistency††	Loose	

††Results provided from patient input.

Tests were developed and their performance characteristics determined by Genova Diagnostics. Unless otherwise noted with ◆, the assays have not been cleared by the U.S. Food and Drug Administration.

Commentary

Lab Comments
Due to a manufacturer reagent supply interruption, testing for the pharmaceutical antifungals, Fluconazole and Voriconazole, is temporarily unavailable. 09/24/2021 LD
SENSI'S: All yeast, add'l bacteria

Please note the reference range for Fecal secretory IgA has been updated due to an assay manufacturer change.

*** Indicates testing performed at Genova Diagnostics 3425 Corporate Way, Duluth GA 30096*
Lab Director = Robert M. David, PhD, Lab Director · CLIA Lic. #11D0255349 · Medicare Lic. #34-8475 · Georgia Lab Lic. Code #067-007 · New York Clinical Lab PFI #4578 · Florida Clinical Lab Lic. #800008124

Methodology: Vitek 2® System Microbial Antibiotic susceptibility, Manual Minimum Inhibition Concentration

Bacteria Sensitivity

Prescriptive Agents

Citrobacter farmeri	R	I	S-DD	S	NI
Ampicillin	R				
Amox./Clavulanic Acid	R				
Cephalothin		I			
Ciprofloxacin				S	
Tetracycline	R				
Trimethoprim/Sulfa				S	

Natural Agents

Citrobacter farmeri	LOW INHIBITION	HIGH INHIBITION
Berberine		
Oregano		
Uva-Ursi		

Prescriptive Agents:
The R (Resistant) category implies isolate is not inhibited by obtainable levels of pharmaceutical agent.
The I (Intermediate) category includes isolates for which the minimum inhibition concentration (MIC) values usually approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates.
The S-DD (Susceptible-Dose Dependent) category implies clinical efficacy when higher than normal dosage of a drug can be used and maximal concentration achieved.
The S (Susceptible) column implies that isolates are inhibited by the usually achievable concentrations of the pharmaceutical agent.
NI (No Interpretive guidelines established) category is used for organisms that currently do not have established guidelines for MIC interpretation.
Refer to published pharmaceutical guidelines for appropriate dosage therapy.
Natural Agents:
In this assay, inhibition is defined as the reduction level on organism growth as a direct result of inhibition by a substance. The level of inhibition is an indicator of how effective the substance was at limiting the growth of an organism in an in vitro environment. High inhibition indicates a greater ability by the substance to limit growth, while Low Inhibition a lesser ability to limit growth. The designated natural products should be considered investigational in nature and not be viewed as standard clinical treatment substances.

Methodology: Vitek 2® System Microbial Antibiotic susceptibility, Manual Minimum Inhibition Concentration

Bacteria Sensitivity

Prescriptive Agents

Klebsiella pneumoniae	R	I	S-DD	S	NI
Ampicillin	R				
Amox./Clavulanic Acid				S	
Cephalothin				S	
Ciprofloxacin				S	
Tetracycline	R				
Trimethoprim/Sulfa				S	

Natural Agents

Klebsiella pneumoniae	LOW INHIBITION	HIGH INHIBITION
Berberine		
Oregano		
Uva-Ursi		

Prescriptive Agents:
The R (Resistant) category implies isolate is not inhibited by obtainable levels of pharmaceutical agent.
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Methodology: Vitek 2® System Microbial Antibiotic susceptibility, Manual Minimum Inhibition Concentration

Bacteria Sensitivity

Prescriptive Agents

Enterobacter cloacae	R	I	S-DD	S	NI
Ampicillin	R				
Amox./Clavulanic Acid	R				
Cephalothin	R				
Ciprofloxacin				S	
Tetracycline				S	
Trimethoprim/Sulfa				S	

Natural Agents

Enterobacter cloacae	LOW INHIBITION	HIGH INHIBITION
Berberine		
Oregano		
Uva-Ursi		

Prescriptive Agents:
The R (Resistant) category implies isolate is not inhibited by obtainable levels of pharmaceutical agent.
The I (Intermediate) category includes isolates for which the minimum inhibition concentration (MIC) values usually approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates.
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Methodology: Vitek 2® System Microbial Antibiotic susceptibility, Manual Minimum Inhibition Concentration

Mycology Sensitivity

Non-absorbed Antifungals

Rhodotorula species	LOW INHIBITION	HIGH INHIBITION
Nystatin		

Natural Agents

Rhodotorula species	LOW INHIBITION	HIGH INHIBITION
Berberine		
Caprylic Acid		
Garlic		
Undecylenic Acid		
Uva-Ursi		

Prescriptive Agents:

The R (Resistant) category implies isolate is not inhibited by obtainable levels of pharmaceutical agent.

The I (Intermediate) category includes isolates for which the minimum inhibition concentration (MIC) values usually approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates.

The S-DD (Susceptible-Dose Dependent) category implies clinical efficacy when higher than normal dosage of a drug can be used and maximal concentration achieved.

The S (Susceptible) column implies that isolates are inhibited by the usually achievable concentrations of the pharmaceutical agent.

NI (No Interpretive guidelines established) category is used for organisms that currently do not have established guidelines for MIC interpretation.

Refer to published pharmaceutical guidelines for appropriate dosage therapy.

Nystatin and Natural Agents:

Results for Nystatin are being reported with natural antifungals in this category in accordance with laboratory guidelines for reporting sensitivities. In this assay, inhibition is defined as the reduction level on organism growth as a direct result of inhibition by a natural substance. The level of inhibition is an indicator of how effective the substance was at limiting the growth of an organism in an in vitro environment. High inhibition indicates a greater ability by the substance to limit growth, while Low Inhibition a lesser ability to limit growth. The designated natural products should be considered investigational in nature and not be viewed as standard clinical treatment substances.

Methodology: Vitek 2® System Microbial Antibiotic susceptibility, Manual Minimum Inhibition Concentration

Mycology Sensitivity

Non-absorbed Antifungals

Candida kruseii	LOW INHIBITION	HIGH INHIBITION
Nystatin		

Natural Agents

Candida kruseii	LOW INHIBITION	HIGH INHIBITION
Berberine		
Caprylic Acid		
Garlic		
Undecylenic Acid		
Uva-Ursi		

Prescriptive Agents:

The R (Resistant) category implies isolate is not inhibited by obtainable levels of pharmaceutical agent.

The I (Intermediate) category includes isolates for which the minimum inhibition concentration (MIC) values usually approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates.

The S-DD (Susceptible-Dose Dependent) category implies clinical efficacy when higher than normal dosage of a drug can be used and maximal concentration achieved.

The S (Susceptible) column implies that isolates are inhibited by the usually achievable concentrations of the pharmaceutical agent.

NI (No Interpretive guidelines established) category is used for organisms that currently do not have established guidelines for MIC interpretation.

Refer to published pharmaceutical guidelines for appropriate dosage therapy.

Nystatin and Natural Agents:

Results for Nystatin are being reported with natural antifungals in this category in accordance with laboratory guidelines for reporting sensitivities. In this assay, inhibition is defined as the reduction level on organism growth as a direct result of inhibition by a natural substance. The level of inhibition is an indicator of how effective the substance was at limiting the growth of an organism in an in vitro environment. High inhibition indicates a greater ability by the substance to limit growth, while Low Inhibition a lesser ability to limit growth. The designated natural products should be considered investigational in nature and not be viewed as standard clinical treatment substances.

2200 GI Effects™ Comprehensive Profile - Stool

Interpretation At-a-Glance

Commensal Bacteria	Patient Results Out of Reference Range	Genova Diagnostics Commensal Bacteria Clinical Associations*							
		IBS	IBD	Metabolic Syndrome	Chronic Fatigue	Auto-immune	Type 2 Diabetes	High Blood Pressure	Mood Disorders
Bacteroidetes Phylum									
Bacteroides-Prevotella group		↑	↑	↑	↑	↑	↑	↑	↑
Bacteroides vulgatus		↑			↑	↑		↑	↑
Barnesiella spp.									
Odoribacter spp.									
Prevotella spp.		↑		↑	↑	↑		↑	↑
Firmicutes Phylum									
Anaerotruncus colihominis		↑	↑	↑	↑	↑	↑	↑	↑
Butyrivibrio crossotus									
Clostridium spp.									
Coprococcus eutactus		↑			↑	↑		↑	↑
Faecalibacterium prausnitzii	H	↑				↑			↑
Lactobacillus spp.									
Pseudoflavonifractor spp.	H	↑	↑	↑	↑	↑	↑	↑	↑
Roseburia spp.			↓						
Ruminococcus spp.		**↓↑**	↓	↓	↓	**↓↑**	**↓↑**	**↓↑**	**↓↑**
Veillonella spp.		↑	↑	↑	↑	↑	↑		↑
Actinobacteria Phylum									
Bifidobacterium spp.									
Bifidobacterium longum									
Collinsella aerofaciens		**↓↑**	**↓↑**	↓	**↓↑**	**↓↑**	**↓↑**	**↓↑**	**↓↑**
Proteobacteria Phylum									
Desulfovibrio piger	H								↑
Escherichia coli		↑	↑	↑	↑	↑	↑	↑	↑
Oxalobacter formigenes		↑		↑	↑				↑
Euryarchaeota Phylum									
Methanobrevibacter smithii		↑				↑			↑
Fusobacteria Phylum									
Fusobacterium spp.		↑	↑	↑	↑	↑	↑	↑	↑
Verrucomicrobia Phylum									
Akkermansia muciniphila		↓	↓	↓	↓	↓	↓	↓	↓

***Information derived from GDX results data comparing a healthy cohort to various clinical condition cohorts. The chart above showing a comparison of patient results to clinical conditions is meant for informational purposes only; it is not diagnostic, nor does it imply that the patient has a specific clinical diagnosis or condition.**

The arrows indicate Genova's clinical condition cohort test results falling below ↓ or above ↑ the reference range that is greater than that of Genova's healthy cohort.

↑↓ Indicates Genova's clinical condition cohort test results falling below and above the reference range that are greater than that of Genova's healthy cohort.

Cells with bolded arrows indicate Genova's clinical condition cohort had more test results falling above versus below **↓↑** or more below versus above **↓↑** the reference range compared to that of Genova's healthy cohort.

2200 GI Effects™ Comprehensive Profile - Stool

Interpretation At-a-Glance

Biomarker	Patient Results Out of Reference Range	Genova Diagnostics Biomarker Clinical Associations*							
		IBS	IBD	Metabolic Syndrome	Chronic Fatigue	Auto-immune	Type 2 Diabetes	High Blood Pressure	Mood Disorders
Pancreatic Elastase		↓	↓	↓	↓	↓	↓	↓	↓
Products of Protein Breakdown (Total)							↑↓		
Fecal Fat (Total*)		↑		↑	↑	↑	↓↑	↑	↑
Triglycerides		↑			↑	↑	↑	↑	↑
Long-Chain Fatty Acids		↑			↑	↑	↓↑	↑	↑
Cholesterol							↓↑	↑	
Phospholipids	L	↑	↑	↑	↑	↑	↑	↑	↑
Calprotectin			↑					↑	
Eosinophil Protein X (EPX)			↑						
Fecal secretory IgA		↑	↑	↑	↑	↑	↑	↑	↑
Short-Chain Fatty Acids (SCFA) (Total)					↓	↓			
n-Butyrate Concentration				↓					
n-Butyrate %									
Acetate %					↑↓		↓↑		
Propionate %				↑			↑	↑	
Beta-glucuronidase	L					↑↓			↑↓

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