

1

What sample type should I choose for menus that have multiple options?

Respiratory Samples

- ▶ If symptoms are primarily in the upper respiratory tract, including nasal drainage, mucus production, and possible cough, then a nasal swab is the best fit.
- ▶ If symptoms are primarily tonsillar, including exudate, erythema, or edema, then an oropharyngeal swab is the best fit.
- ▶ If symptoms are primarily in the lower respiratory tract, including difficulty breathing, wheezing, or sputum production, a sputum sample is the best fit.

Genitourinary Samples

Female Patients

- ▶ If symptoms are primarily vaginal, a cervicovaginal swab will have increased sensitivity over a urine sample.
- ▶ If symptoms are localized to the urinary tract, a urine sample will offer the greatest sensitivity.
- ▶ For urine samples, while PCR will never show a mixed flora result, a clean catch sample is preferred to simplify report interpretation.

Male Patients

- ▶ Whether testing for a urinary tract infection or a sexually transmitted infection, the first 10-15 mL of voided urine is sufficient to detect both infection times.

2

When is it recommended to test for Mycoplasma or Ureaplasma?

Mycoplasma genitalium

- ▶ Considered a sexually transmitted organism by the CDC.
- ▶ Associated with non-gonococcal urethritis, cervicitis, preterm delivery, and miscarriage.
- ▶ Not recommended to screen asymptomatic patients.

Mycoplasma hominis, Ureaplasma urealyticum, & Ureaplasma parvum

- ▶ Not recommended to screen asymptomatic patients, as they can be colonizers.
- ▶ Chronic or recurrent infections have been associated with detection of Mycoplasma and Ureaplasma species¹.

1. <https://pubmed.ncbi.nlm.nih.gov/19371925>

3

What are the treatment guidelines for Mycoplasma & Ureaplasma?

Mycoplasma genitalium

- ▶ If detected in a symptomatic patient, the CDC recommends treatment with sequential therapy of Doxycycline and Azithromycin, or Doxycycline and Moxifloxacin.
- ▶ Studies have not determined whether reinfection is reduced with partner treatment, but partners can be tested and treated to reduce reinfection risk.

Mycoplasma hominis, Ureaplasma urealyticum, & Ureaplasma parvum

- ▶ Given their ability to be colonizers, there are no standard treatment guidelines.
- ▶ Doxycycline, Azithromycin, Levofloxacin, or Moxifloxacin are common treatments.



5 FAQs

4

I treated my UTI patient with Macrobid, but why don't see it listed as an antibiotic option?

RightTrack Report by HEALTH TRACK

CLIA# 10C2203034
2420 Commerce Way
Lynchville, NY 43228
Lab Director: John Doe, MD

PATIENT INFORMATION
Name: Patient Sample
DOB: 01/01/1975
Sex: M
Address: 123 Main Street
City: State, Zip
Phone: 123-456-7890
Race: Ethnicity

SPECIMEN INFORMATION
Lab Accession Number: 12345678
Specimen Type: Urine (voided)
Date Received by Lab: 01/01/2025
Date Reported: 01/01/2025
Cross Reference #

FACILITY INFORMATION
Facility Name: Main Street Urgent Care
Provider Name: Doctor Test, MD
NPI: 1234567890
Address: 123 Main Street
City: State, Zip
Phone: 123-456-7890

TEST RESULTS

TARGETS	DETECTION STATUS	MICROBIAL LOAD
Chloramphenicol (pp, Penicillin, Resistant)	Detected	+ 100,000 CFU/ml, Equivalent
Sulfamethoxazole	Detected	+ 100,000 CFU/ml, Equivalent

TARGETS

TARGETS	DETECTION STATUS	COMMENTS
dhfr (XII, XIS), sul (I, II)	Detected	Potential resistance to Trimethoprim and/or Sulfamethoxazole.

CONSIDERATIONS FOR THERAPY
The information below lists agents that may be considered for therapy based on detected organisms and/or resistance genes. This information does not constitute medical advice. Clinical judgement and treatment decisions remain the sole responsibility of the ordering healthcare provider.

(P) Primary therapy consideration (A) Alternative therapy consideration (N/A) Not Applicable

CLASS OF ANTIMICROBIAL AGENTS	ANTIMICROBIAL AGENTS (pp-iv)	Enterococcus	E. coli
Penicillins	Ampicillin (pp)	A	N/A
	Amoxicillin (pp)	N/A	A
Fluoroquinolones	Ciprofloxacin (pp)	N/A	A
	Levofloxacin (pp)	N/A	A
Oral Cephalosporins	Cephalexin (pp)	N/A	A
	Cefadroxil (pp)	N/A	A
Nitrofurans	Macrobid (pp)	A	P
	Phosphamycin (pp)	A	A
Trimethoprim-Sulfamethoxazole	Trimethoprim-Sulfamethoxazole (pp)	N/A	A

There are two reasons an antibiotic might not be shown on a report.

1. The antibiotic does not have activity against any of the bacteria detected in that patient sample.
2. Resistance genes were detected that would prevent that antibiotic from being effective.

Common UTI organisms that are not sensitive to nitrofurantoin include most *Staphylococcus* species, *Streptococcus* species, and *Proteus* species.

5

What substances are known to interfere with PCR testing?

HealthTrack has tested several commonly encountered substances from a variety of sample types for possible interference. Interfering substances are those that altered the results of the test, and non-interfering substances are substances that were tested and did not alter results.

Interfering Substances

General	Wooden Spatula	Calcium Alginate Swab	Cotton Swab	✗
Respiratory	Afrin	Sinus Rinse	Mouthwash	Chloroseptic
Genitourinary	Spermicide	Boric Acid	✗	✗
Ophthalmology	Oxybuprocaine	Flourescein	Polyhexamethylene Biguanide (PHMB) Eye Drops	✗

Non-Interfering Substances

Respiratory	Nasal Spray	Blood	Vick's Inhaler	Coffee	Nicotine	✗	✗
Genitourinary	Lubricant	Vagisil	Antifungal Cream	Pyridium (Azo)	Blood	✗	✗
Wound	Athlete's Foot Spray	Benadryl	Antiseptic Spray	Nail Polish	Acetone	Neosporin	✗
Gastrointestinal	Blood	Pepto-Bismol	Milk of Magnesia	Immodium	Diaper Cream	Hemorrhoid Cream	Enema

These substances have been tested for possible interference and have been found not to interfere with HealthTrack testing.

