FINAL REPORT



ORARISK® CANDIDA



7400 Flying Cloud Drive Suite 150 Eden Prairie, MN 55344

Phone: 855-672-5362 Fax: 952-942-0703

oraldna.com

CLIA#: 24D1O338O9 CAP#: 719O878



SAMPLE, REPORT

Date of Birth: O1/O1/1975 (48 yrs)

Gender: Female **Patient ID:** 920-I

Patient Location: Test Site A

ORDERING PROVIDER

Ronald McGlennen MD 7400 Flying Cloud Drive

Suite 150

Eden Prairie, MN 55344

855-672-5362

SAMPLE INFORMATION

Specimen#: 5989009010 Accession#: 202306-03374 Specimen: Oral Rinse(P) Collected: 06/17/2023

Received: O6/18/2O23 O8:11 **Reported:** O6/14/2O23 15:12

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Sample, Report

Date of Birth: 01/01/1975 (48 yrs)

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Related Info

Reason for Testing Evaluation of suspicious lesion

Not Provided

Lesion Size 2mm x 1mm Color White

Lesion Location(s) Buccal Mucosa

MOLECULAR IDENTIFICATION OF CANDIDA SPECIES IN THE OROPHARYNX

Test Results

Candida Species

C.albicans



Candida Species

Signs and Symptoms of Oral Candidaiasis

- Often no symptoms
- "Burning Mouth Syndrome"
- Metallic or acidic or salty taste

Causes

Various Candida species, most often C.albicans

Underlying systemic disease

Immunosuppression

Interpretation:

This sample is positive for Candida albicans DNA. This assay cannot rule out infection by Candida dubliniensis. See comments.

Comments:

Significance: These findings support a diagnosis of oral candidiasis (Oral thrush) caused by C. albicans, the most commonly implicated organism in this condition. C. albicans may be present in normal flora. Oral thrush can cause creamy white lesions, usually on the tongue or inner cheeks, and may spread to the roof of mouth, gums, tonsils, or the back of the throat. Severe symptoms can make eating painful and difficult. Left untreated, thrush can spread to the digestive tract and intestines making it difficult to receive adequate nutrition. In immunocompromised individuals, thrush is more likely to spread to the lungs, liver, and heart valves. It is not a type of infection that can be passed on to others.

Risk: Oral thrush most commonly affects people who wear dentures. People who have difficulties keeping their mouth clean, people with diabetes and those who take steroids are also at a higher risk of developing the condition. Some antibiotics may cause thrush. Certain antibiotics encourage the infection to recur, especially if taken over a long period of time. Very rarely, oral thrush may be one of the early signs of HIV.



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Consider: C. albicans accounts for about 50% of oral candidiasis cases, and together, C. albicans, C. tropicalis, and C. glabrata account for over 80% of cases. Thrush should be treated to keep the infection from spreading. Prescribed antifungal medicines are the standard treatment for thrush, either applied directly to the affected area (topical) or swallowed (oral). Severe infections may require a treatment period longer than 14 days. It is estimated that 1.5-2% of isolates identified as C. albicans are actually C. dubliniensis. C. albicans and C. dubliniensis are closely related Candida species therefore, may respond similarly to first-line treatment.

References:

- Al-Karaawi ZM, Manfredi M, Waugh AC, et al. Molecular characterization of Candida spp. isolated from the oral cavities of patients from diverse clinical settings. Oral Microbiol Immunol 2002;17:44-9.
- 2 da Silva-Rocha WP, Lemos VL, Svidizisnki TI, Milan EP, Chaves GM. Candida species distribution, genotyping and virulence factors of Candida albicans isolated from the oral cavity of kidney transplant recipients of two geographic regions of Brazil. BMC Oral Health 2014;14:20.

Methodology: This assay tests for 9 Candida species: C. albicans, C. glabrata, C. krusei, C. parapsilosis, C. tropicalis, C. kefyr, C. guilliermondii, C. lusitaniae, and C. rugosa. Genomic DNA was extracted and amplified by polymerase chain reaction (PCR) using primers specific for a conserved sequences common to the Candida genus. Concurrently, analysis of DNA integrity and the presence of inhibitory substances was evaluated by the amplification of the human Apolipoprotein B gene. PCR products were subjected to restriction endonuclease digestion and automated electrophoresis fluorescence detection. Digital electropherograms and gel images of data were generated and the specific Candida species was determined by matching the displayed banding pattern to known Candida species restriction fragment patterns. The analytical and performance characteristics of this laboratory-developed test (LDT) was determined by OralDNA Labs pursuant to Clinical Laboratory Improvement Amendments (CLIA 88) requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Ronald C. M. Slenner

Ronald McGlennen MD, FCAP, FACMG, ABMG Medical Director



