



ORARISK® CANDIDA

SAMPLE, REPORT

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

Gender: Female

Patient ID: 920-H

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#: 5989009009

Accession#: 202306-03373

Specimen: Oral Rinse(P)

Collected: 06/17/2023

Received: 06/17/2023 23:00

Reported: 06/14/2023 15:12



ORALDNA® LABS

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CLIA#: 24D1033809
CAP#: 7190878

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Reason for Testing Related Info Assessment following treatment
Not Provided

MOLECULAR IDENTIFICATION OF CANDIDA SPECIES IN THE OROPHARYNX

Test Results

Candida Species	Negative
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Candida Species

Signs and Symptoms of Oral Candidiasis

- 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 negative for DNA of the following Candida species: *C. albicans*, *C. glabrata*, *C. krusei*, *C. parapsilosis*, *C. tropicalis*, *C. kefyr*, *C. guilliermondii*, *C. lusitanae*, and *C. rugosa*. See comments.

Comments:

Significance: Oral candidiasis (Oral thrush) is caused by a candida fungus that can infect the mouth. 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. 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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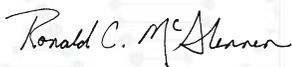
Reported: 06/14/2023 15:12

Consider: The current negative result does not exclude the possibility of infection with a Candida species not detected due to improper specimen collection. If clinical suspicion of an oral candida infection remains, repeat collection and testing is recommended.

References:

- 1 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. lusitanae, 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.



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Medical Director

