

KIT ID SAMPLE-COMP-BRIDGING	COLLECTION DATE 03/15/2026	CONFIRMATION NUMBER SAMPLE-COMP-BRIDGING	RESULTS 03/17/2026	STAGE N/A	GRADE N/A	BOP % N/A	ORDERING PROVIDER Sample Provider Sample Dental Practice
---------------------------------------	--------------------------------------	--	------------------------------	---------------------	---------------------	---------------------	---

WHAT IT MEASURES

qPCR detection of DNA from 15 oral microorganisms — the species most strongly associated with periodontal disease, an additional set of bridging organisms, early colonizers, and Candida.

HOW TO READ IT

The Periodontal Risk Score (1–5) and Pressure Score (0–100) reflect microbial load and pathogen combinations. Patterns highlight synergistic risks.

HOW TO USE IT

Pair the focus areas with your clinical assessment to guide prevention, treatment, and retesting cadence.

PERIODONTAL RISK SCORE

3
/5

Moderate Risk

MODERATE RISK risk for periodontal disease based on the detection and pattern of key pathogens.

Periodontal Pressure Score (0–100) — continuous burden across the 6 core perio organisms.

CLINICAL FLAGS

No significant clinical flags identified.

Dual Pathogen Profile PATTERN IDENTIFIED

Two pathogens detected. Combined activity increases inflammatory risk.

Pathogen	Score	Classification
Pg	11.0	Core Pathogen
Td	ND	Core Pathogen
Tf	11.0	Core Pathogen
Aa*	ND	Amplifier
Fa	ND	Amplifier
Fn-a	2.0	Bridge

*Aa uses different thresholds (≥4 mod, ≥8 high). Color reflects Aa-specific classification.

ADDITIONAL MARKERS

REFERENCE DETECTION

Reported for context — does not contribute to the PRS or Pattern classification.

Fn

11
MODERATE

Total Fusobacterium nucleatum is a commensal that can rise during inflammation but is not pathognomonic for periodontal disease on its own. The PRS and Pattern classification rely on the subspecies-level marker (Fn-a) shown in the chart above.

F. nucleatum

ECOLOGICAL PROFILE

Focal Orange-Complex Burden

One or two orange-complex bridging organisms (Pi/En/Cr/Pm/Pa) detected at high tier alongside an elevated weighted bridging load. The orange complex isn't broadly engaged, but a single organism at very high abundance contributes meaningful disease-driving signal. Consider targeted antimicrobial therapy and mechanical debridement focused on the identified species; retest to verify response.

Ref. Socransky & Haffajee 1998 (J Clin Periodontol); Hajishengallis 2015 (Nat Rev Immunol)

BRIDGING BURDEN SCORE

Weighted bridging-organism load — Pi · En · Cr · Pm · Pa · Fn.

Extended Organism Profile BBS 64

Bridging organisms, early colonizers, and Candida — drives the Ecological Profile shown on the left.

Organism	Score	Category
Pi	8.0	Bridging
En	ND	Bridging
Cr	11.0	Bridging
Pm	15.0	Bridging
Pa	9.0	Bridging
Ec	9.0	Early Colonizers
Cs	8.0	Early Colonizers
Ca*	ND	Fungal

*Ca uses different thresholds (≥6 mod, ≥12 high). Color reflects Ca-specific classification.

CLINICAL FOCUS AREAS Perio 3/5 · 3 recommendations

Red complex + bridging cluster — comprehensive therapy HIGH

Core periodontal pathogen detected alongside 3 bridging species. Established disease pattern requiring full-mouth scaling and root planing, antibiotic adjunct (per algorithm below), and 6–12 week reassessment.

Retest in 90 days MOD

Moderate risk profile. Continue current interventions and retest in 90 days to monitor progress.

Avoid antiseptic mouthwash ROUTINE

Chlorhexidine and alcohol-based rinses kill beneficial bacteria indiscriminately, reducing nitric oxide production and disrupting protective microbiome balance. Use a non-antiseptic rinse or water only unless clinically directed otherwise.

ⓘ Results should be interpreted with clinical findings and patient history. This test is not intended to diagnose or treat disease.

ORAL BACTERIA PROFILE | 03/17/2026

PERIODONTAL PATHOGENS (DRIVING PRS + PATTERN)

CORE PERIO PATHOGENS	Pg 11 MODERATE <i>P. gingivalis</i>	Td Not Detected <i>T. denticola</i>	Tf 11 MODERATE <i>T. forsythia</i>	AMPLIFIERS	Aa Not Detected <i>A. actinomycete...</i>	Fa Not Detected <i>F. alocis</i>	BRIDGE	Fn-a 2 TRACE <i>Fn-animalis</i>

ECOLOGICAL PROFILE ORGANISMS (DRIVING BBS + ECOLOGICAL PROFILE)

BRIDGING	Pi 8 LOW <i>P. intermedia</i>	En Not Detected <i>E. nodatum</i>	Cr 11 MODERATE <i>C. rectus</i>	Pm 15 HIGH <i>P. micra</i>	Pa 9 LOW <i>P. anaerobius</i>	EARLY COLONIZERS	Ec 9 LOW <i>E. corrodens</i>	Cs 8 LOW <i>C. spp.</i>

FUNGAL	Ca Not Detected <i>C. spp.</i>	REFERENCE	Fn 11 MODERATE <i>F. nucleatum</i>

UNDERSTANDING YOUR DETECTION LEVELS

DL = 40 - Ct · each +1 DL doubles DNA quantity

DL uses a log₂ scale — each +1 DL doubles the bacterial DNA quantity. So the gap between DL 10 and DL 14 isn't "4 more" — it's **16x more**. Use the ruler and table below to interpret a value in context.

DL 0 ≈ 5	DL 3 ≈ 40	DL 6 ≈ 317	DL 9 ≈ 3K	DL 12 ≈ 20K	DL 15 ≈ 161K	DL 18 ≈ 1.3M	DL 21 ≈ 10.2M	DL 24 ≈ 81.4M
Trace		Low		Moderate		High		

Category	Organisms	Trace	Low	Moderate	High
Periodontal Profile*	<i>Pg, Td, Tf, Aa**, Fa, Fn-a</i>	>0-<3	3-<10	10-<14	≥14
Ecological Profile*	<i>Pi, En, Cr, Pm, Pa, Ec, Cs, Fn</i>	>0-<3	3-<10	10-<14	≥14
Fungal	<i>Candida (Ca)</i>	>0-<3	3-<6	6-<12	≥12

* The DL ruler above shows the shared bacterial cutpoints (3/10/14) — the Core Perio and Ecological Profile rows use the same thresholds. Fungal (Ca) uses different thresholds (see table).

** Aa (*A. actinomycetemcomitans*) is pathogenic at much lower abundance: **Moderate ≥4, High ≥8**. Trace and Low ranges match the other periodontals.

Total *F. nucleatum* (Fn) shares the bacterial cutpoints above but is reported as a Reference Detection — it does not contribute to the PRS, Pattern, or BBS scoring (see page 2).

Trace (DL < 3) is below the noise floor for individual risk scoring. All values are semi-quantitative.

This qPCR test was developed and its performance characteristics determined by IMMYLabs, 133 Ed Noble Pkwy, Norman, OK 73072 (CLIA# 37D2236199; COLA# 32679), validated per CLIA 42 U.S.C. § 263a. Not cleared/approved by FDA; clearance not currently required. Results are adjunctive and must be interpreted by a qualified healthcare provider with clinical findings and history. Not intended to diagnose or treat disease. **Periodontal Risk Score (1-5)**: Microbial risk pattern based on pathogen detection levels and combinations across the 6 core perio organisms (Aa, Pg, Td, Tf, Fa, Fn-a). **Periodontal Pressure Score (0-100)**: Continuous weighted burden across the same 6 organisms, complementing the 1-5 PRS. **Bridging Burden Score (0-100) + Ecological Profile**: Weighted load across the bridging organisms (Pi, En, Cr, Pm, Pa, Fn) paired with a literature-grounded pattern catalog spanning bridging, early colonizers, and Candida. All scores are semi-quantitative. **Lab Director**: Jeff McCormack, PhD, HCLD (ABB).

REFERENCES

- Socransky SS, Haffajee AD. Microbial complexes in subgingival plaque. *J Clin Periodontol*. 1998;25:134-144.
- Marsh PD. Are dental diseases examples of ecological catastrophes? *Microbiology*. 2003;149:279-294.
- Hajishengallis G. Periodontitis: from microbial immune subversion to systemic inflammation. *Nat Rev Immunol*. 2015;15:30-44.
- Lamont RJ, et al. The oral microbiota: dynamic communities and host interactions. *Nat Rev Microbiol*. 2018;16:745-759.
- Kilian M, et al. The oral microbiome — an update for oral healthcare professionals. *Clin Microbiol Infect*. 2016;22:657-666.
- Rosier BT, et al. Resilience of the oral microbiota in health. *J Dent Res*. 2018;97:371-380.
- Rosier BT, et al. Nitrate as a potential prebiotic for the oral microbiome. *ISME J*. 2020;14:2459-2469.
- Hezel MP, Weitzberg E. The oral microbiome and nitric oxide homeostasis. *Free Radic Biol Med*. 2015;105:48-57.
- Takahashi N, Nyvad B. The role of bacteria in the caries process. *J Dent Res*. 2011;90:294-303.
- Slots J. Human viruses in periodontitis. *Periodontol 2000*. 2010;53:89-110.
- Atieh MA, Shah M, Hakam A, Alghafri M, Tawse-Smith A, Alsabeeha NHM. Systemic azithromycin versus amoxicillin/metronidazole as an adjunct in the treatment of periodontitis: A systematic review and meta-analysis. *Aust Dent J*. 2024. <https://doi.org/10.1111/adj.12991>
- Walters J, Lai PC. Should antibiotics be prescribed to treat chronic periodontitis? *Dent Clin North Am*. 2015;59(4):919-933. <https://doi.org/10.1016/j.cden.2015.06.011>