

KIT ID <b>SAMPLE-ESS-ISOLATED-AA</b>	COLLECTION DATE <b>03/26/2026</b>	CONFIRMATION NUMBER <b>SAMPLE-ESS-ISOLATED-AA</b>	RESULTS <b>03/28/2026</b>	STAGE <b>N/A</b>	GRADE <b>N/A</b>	BOP % <b>N/A</b>	ORDERING PROVIDER <b>Sample Provider</b> Sample Dental Practice
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**WHAT IT MEASURES**

qPCR detection of DNA from 7 key oral bacteria — the species most strongly associated with periodontal tissue destruction and inflammation.

**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

4
/5

High Risk

**HIGH 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**

⚠ **Aa detected**  
Aa is associated with aggressive periodontal disease.

### Isolated Aa Detection

PATTERN IDENTIFIED

Aa detected without co-pathogens. Aa is treated conservatively due to leukotoxin biology.

Pg	Td	Tf	Aa*	Fa	Fn-a
ND	ND	ND	9.0*	ND	ND
CORE PATHOGENS			AMPLIFIERS	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

Not Detected

*F. nucleatum*

**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.

### CLINICAL FOCUS AREAS

Perio 4/5 · 4 recommendations

⚠ **Schedule periodontal evaluation within 30 days** HIGH

Periodontal Risk Score is 4/5 (High Risk). Professional evaluation to assess pocket depths, bone levels, and tissue status within 30 days is recommended.

☀ **Address elevated Aa burden** HIGH

A actinomycetemcomitans at DL 9 (High). Associated with aggressive periodontitis. Targeted mechanical debridement is the primary intervention. Systemic antibiotic therapy may be indicated — consult prescribing provider.

🕒 **Retest in 60–90 days** HIGH

Elevated risk profile. Active intervention is recommended. Retest within 60–90 days to track response to treatment and lifestyle changes.

🚫 **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 | 03/28/2026

### PERIODONTAL PATHOGENS (DRIVING PRS + PATTERN)

<p><b>CORE PERIO PATHOGENS</b></p>	<p><b>Pg</b></p> <p>Not Detected</p> <p><i>P. gingivalis</i></p>	<p><b>Td</b></p> <p>Not Detected</p> <p><i>T. denticola</i></p>	<p><b>Tf</b></p> <p>Not Detected</p> <p><i>T. forsythia</i></p>	<p><b>AMPLIFIERS</b></p>	<p><b>Aa</b></p> <p><b>9</b> HIGH</p> <p><i>A. actinomycete...</i></p>	<p><b>Fa</b></p> <p>Not Detected</p> <p><i>F. alocis</i></p>	<p><b>BRIDGE</b></p>	<p><b>Fn-a</b></p> <p>Not Detected</p> <p><i>Fn-animals</i></p>

<p><b>REFERENCE DETECTION (NOT IN PRS OR PATTERN)</b></p>	<p><b>Fn</b></p> <p>Not Detected</p> <p><i>F. nucleatum</i></p>

### UNDERSTANDING YOUR DETECTION LEVELS

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

**DL uses a log<sub>2</sub> 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.

<b>DL 0</b> ≈ 5	<b>DL 3</b> ≈ 40	<b>DL 6</b> ≈ 317	<b>DL 9</b> ≈ 3K	<b>DL 12</b> ≈ 20K	<b>DL 15</b> ≈ 161K	<b>DL 18</b> ≈ 1.3M	<b>DL 21</b> ≈ 10.2M	<b>DL 24</b> ≈ 81.4M
Trace	Low		Moderate		High			
<b>Category</b>	<b>Organisms</b>			<b>Trace</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	
<b>Periodontal*</b>	<i>Pg, Td, Tf, Aa**, Fa, Fn-a</i>			>0- <b>&lt;3</b>	<b>3-<b>&lt;10</b></b>	<b>10-<b>&lt;14</b></b>	<b>≥14</b>	

\* The ruler above shows the periodontal-category thresholds (DL 3/10/14). Aa uses different cutoffs (see footnote \*\*).

\*\* 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) is reported on the panel for clinical context only — it shares the periodontal cutpoints above but does not contribute to the PRS or Pattern classification (see Reference Detection on 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. All scores are semi-quantitative. **Lab Director**: Jeff McCormack, PhD, HCLD (ABB).

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