

KIT ID SAMPLE-BAL-COMPROMISED	COLLECTION DATE 04/05/2026	CONFIRMATION NUMBER SAMPLE-BAL-COMPROMISED	RESULTS 04/07/2026	STAGE N/A	GRADE N/A	BOP % N/A	ORDERING PROVIDER Sample Provider Sample Dental Practice
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WHAT IT MEASURES

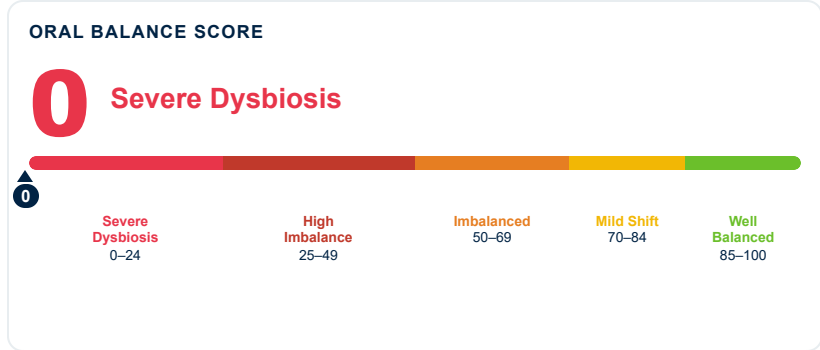
qPCR detection of DNA from 16 key oral bacteria — the species that drive periodontal disease, caries, fungal overgrowth, and nitric oxide production.

HOW TO READ IT

The Oral Balance Score (0–100) summarizes overall microbiome health — higher is better. Subscores reveal what's driving the result.

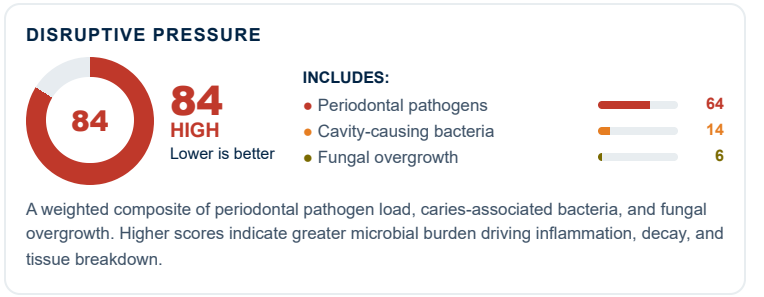
HOW TO USE IT

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



CLINICAL FLAGS

- ⚠ **Elevated Aa**
 Contributes significantly to gum inflammation and periodontal disease risk.
Impact on Score: -8 points
- ⚠ **4 perio pathogens elevated**
 -8 point penalty
- ⚠ **Pg + Td co-elevation**
 -6 point penalty
- ⚠ **Candida + perio co-elevation**
 -4 point penalty



NITRIC OXIDE SYSTEM

34

34
LOW

Higher is better

- Rothia spp. 6.0
- Actinomyces spp. 6.0
- Veillonella spp. 5.0

NITRIC OXIDE PATHWAY

DIETARY NITRATE INTAKE
Nitrate-rich foods: leafy greens, beets, etc. are consumed.

SALIVARY NITRATE INTAKE
Nitrate is absorbed into the bloodstream and concentrated in the saliva.

ORAL BACTERIA CONVERSION
Beneficial oral bacteria (Rothia, Neisseria, Actinomyces) convert nitrate (NO₃) to nitrite (NO₂).

SYSTEMIC CONVERSION
Nitrite is swallowed and further converted into nitric oxide (NO) in the stomach.

PHYSIOLOGICAL BENEFITS
Improves blood flow and circulation, supports immune balance, promotes tissue healing.

Why this matters: Beneficial oral bacteria convert dietary nitrate into nitric oxide (NO), supporting circulation, immune balance, and healing. Without them, NO production drops — weakening these systems.

PERIODONTAL RISK SCORE

4

15

High Risk

Your results show a high risk for periodontal disease based on the detection and pattern of key periodontal pathogens.

Low

Mild

Moderate

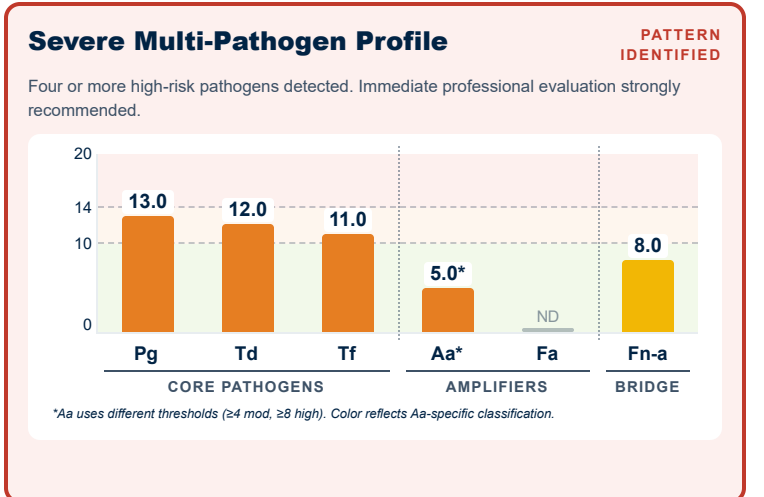
High

Severe

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

CLINICAL FLAGS

- ⚠ **Pg + Td co-detection**
 This combination is strongly associated with active periodontal disease.
- ⚠ **4 periodontal pathogens present**
 Higher likelihood of active periodontal disease.



CLINICAL FOCUS AREAS OBS 0 · Perio 4/5 · 4 recommendations

Immediate clinical evaluation — severe dysbiosis CRIT

OBS 0/100 (Severe Dysbiosis). Immediate clinical intervention is recommended across periodontal, caries, and microbiome domains.

Retest in 30–60 days following intervention CRIT

Severe risk profile. OBS 0/100 (Severe Dysbiosis). Retest within 30–60 days to confirm response to professional intervention.

Target Pg and Td through professional treatment HIGH

P gingivalis (DL 13) and T denticola (DL 12) co-detected. This synergistic combination is strongly associated with active periodontal disease. Professional scaling, root planing, and antimicrobial therapy are recommended.

Comprehensive periodontal therapy required HIGH

P gingivalis, T denticola, and T forsythia co-detected. This is the strongest predictor of advanced chronic periodontitis. Comprehensive full-mouth scaling and root planing with possible systemic antibiotic adjunct.

ORAL BACTERIA PROFILE | 04/07/2026

PERIODONTAL PATHOGENS

CORE PERIO PATHOGENS

Pg 13 MODERATE <i>P. gingivalis</i>	Td 12 MODERATE <i>T. denticola</i>	Tf 11 MODERATE <i>T. forsythia</i>
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AMPLIFIERS

Aa 5 MODERATE <i>A. actinomycete...</i>	Fa Not Detected <i>F. alocis</i>
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BRIDGE

Fn-a 8 LOW <i>Fn-animals</i>
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CARIES BACTERIA

S mut 9 MODERATE <i>S. mutans</i>	S sobr 7 MODERATE <i>S. sobrinus</i>
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FUNGAL

Ca 8 HIGH <i>Candida spp. cf...</i>

COMMENSAL BACTERIA

S silvrs 4 LOW <i>S. salivarius</i>	S sngns 3 LOW <i>S. sanguinis</i>	S mitis 5 LOW <i>S. mitis</i>
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NITRIC OXIDE PRODUCING BACTERIA

Rothia 6 LOW <i>Rothia narG</i>	Neis 4 LOW <i>Neisseria narG</i>	Veil 5 LOW <i>Veillonella narG</i>	Actin 6 LOW <i>Actinomyces n...</i>
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UNDERSTANDING YOUR DETECTION LEVELS DL = 40 – Ct · each +1 DL doubles DNA quantity

DL uses a log 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*	<i>Pg, Td, Tf, Aa**, Fa, Fn-a</i>	>0–<3	3–<10	10–<14	≥14
Caries	<i>S. mutans, S. sobrinus</i>	>0–<3	3–<6	6–<10	≥10
Fungal	<i>Candida spp.</i>	>0–<3	3–<6	6–<12	≥12
Protective	<i>S. salivarius/sanguinis/mitis, Rothia/Neisseria/Veillonella/Actinomyces narG</i>	>0–<3	3–<12	12–<18	≥18

* The ruler above shows the periodontal-category thresholds (DL 3/10/14). Other categories use different cutoffs (see table).
 ** Aa (*A. actinomycetemcomitans*) is pathogenic at much lower abundance: **Moderate ≥4, High ≥8**. Trace and Low ranges match the other periodontals.
 Trace (DL < 3) is below the noise floor for individual risk scoring. All values are semi-quantitative.

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

This real-time quantitative polymerase chain reaction (qPCR) test was developed and its performance characteristics were determined by IMMYLabs, 133 Ed Noble Pkwy, Norman, OK 73072 (CLIA# 37D2236199; COLA# 32679). This laboratory-developed test (LDT) was validated in accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA); however, FDA clearance or approval is not currently required. Results are for adjunctive use only and must be interpreted by a qualified healthcare provider in the context of clinical findings, patient history, and other diagnostic information. This test is not intended to diagnose or treat disease or to be used as the sole basis for patient management decisions.

Oral Balance Score (0–100): Overall measure of oral microbiome balance. **Protective Capacity:** Beneficial bacteria supporting oral health. **Disruptive Pressure:** Organisms associated with disease and imbalance. **Nitric Oxide System:** Bacteria involved in nitrate reduction and NO production. **Periodontal Risk Score (1–5):** Microbial risk pattern based on pathogen levels. All scores are semi-quantitative. **Lab Director:** Jeff McCormack, PhD, HCLD (ABB).

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