

For Medical Practices



Personalized & Precise Diagnostics

At CNM Testing, we know you need answers quickly & that no two patients or illnesses are alike.

Our suite of NO COST standard & specialty tests can help provide answers to improve patient outcomes - faster & more inclusively.

We're committed to providing the best value for healthcare administrators and other managed care partners to improve clinical outcomes & to make your jobs easier.

CNM is dedicated to delivering tangible lab testing results and assisting in positioning your practice for a value-based and consumer-driven future.

954-694-7017

CNMTesting.com



CHOOSE WHICH FITS BEST

Although we offer many tests, you pick how we serve you. **Pick one or all.**



ZERO COST INTEGRATIONS

We cover the cost of merging our results with your in-use platforms.



TIMELY LAB RESULTS

Most our tests results can be accessed **next day** through portal access.



FREE SHIPPING - ALWAYS

Never pay a dime! We coordinate with UPS, FedEx and USPS to pick up your samples onsite for you.



COVERED BY INSURANCE

Our lab testing is covered by all major insurance providers. **We also offer cash options for uninsured patients.**



FLUIDID+



rtPCR



Nasal



12-24hrs

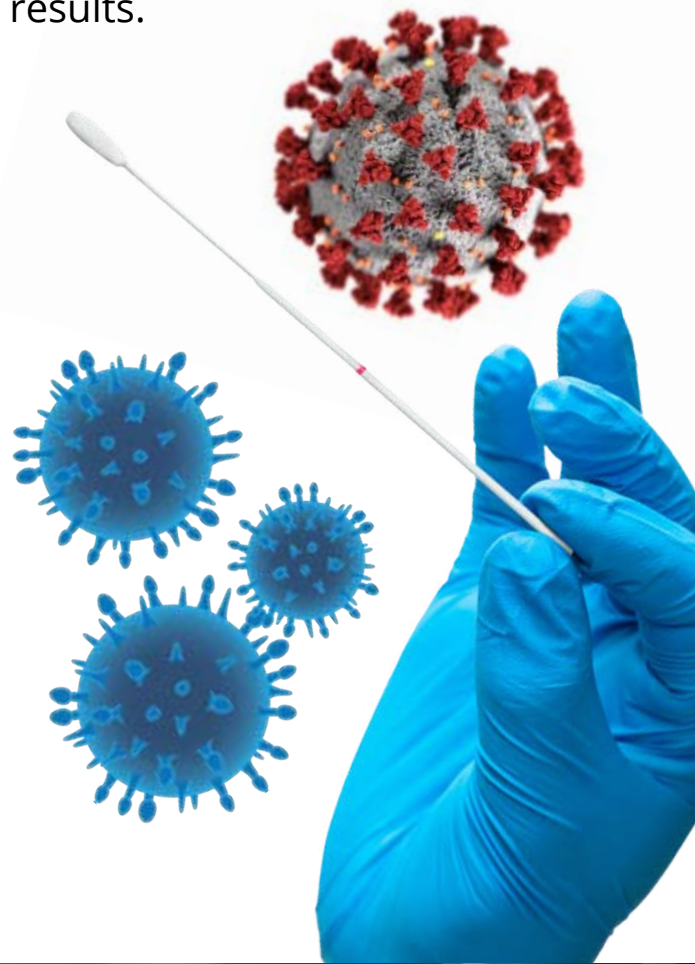
We have the most on target precision amongst local labs.

Our Fluidid+ panel **tests for COVID-19/FLU (Influenza A and B) at the same time**, with one sample collection. This precise panel conveniently tests for both with super quick rtPCR results.

The Fluidid+ protocol is an rt-PCR method for detecting **Influenza A** (InfA), **Influenza B** (InfB), **SARS-CoV-2 N gene** (SC2), **RPP30 Human RNase P**(RP), and **Respiratory Syncytial Virus** (RSV).

This method requires the sample to be collected in nasopharyngeal collection tubes, it requires minimal lab equipment, and it can be completed in a short and concise workflow.

These represent some of the most common respiratory infections, and this test provides clear and accurate results.



COVID-19



INFLUENZA



COVID-19



PCR



Nasal



>30min

Your office would be equipped with in-house lab-quality results (**NO SENDING OFFITE**), including known emerging SARS-CoV-2 Variants, such as Omicron (B.1.1.529), and our PCR tests are **approved for international travel.**

Our test received **Emergency Use Authorization ("EUA")** from the U.S. Food and Drug Administration ("FDA"), which means they are allowed to be used anywhere by someone on your staff who is trained by our personnel.



No Cost Supplies

We come to you with everything you'll need. Plus, we handle 100% of inventory & billing!



Our Tester Or Yours

We train a member of your staff or supply one of ours to be onsite on any schedule you want



Results in >30min

Fastest on the market & Lab-Accurate PDF/Printable *Travel Approved!*

Our COVID-19 tests combine the accuracy of the most modern technology with super-fast results.

We strive to provide the easiest workflow to our customers. We provide customizable results to any persons in your practice or to the individual via text or app.





ALLERGY & IMMUNOTHERAPY



Reaction



Prick



15-20min

Under provider supervision, an onsite allergy technician from our lab performs skin (prick) testing for seasonal and perennial allergens (including dust mites, weeds, trees, grasses, molds and pet dander) - the top 60 airborne allergens specific to your office's geographic region.

Suitable for ages 2+, our skin (prick) test checks for airborne allergies, food allergies and penicillin allergies and creates an IgE mediated reaction on the surface of the skin that can be measured, and these positive results create the basis for a focused discussion of the correlation of signs and symptoms, diagnosis and the formulation of individualized allergen immunotherapy.

As opposed to traditional allergy desensitization treatment where the patient has to drive to the allergists' office once a week to receive treatment, our program teaches the patient to "self-administer" the Airborne Immunotherapy with "injections" that are taken every other day. The needle is very small and inserted just under the patient's skin.

Examples of most common airborne allergens

- **Airborne allergens**, such as pollen, dust mites and mold
- **Certain foods**, particularly peanuts, tree nuts, wheat, soy, fish, shellfish, eggs and milk
- **Insect stings**, such as from a bee or wasp
- **Medications**, particularly penicillin or penicillin-based antibiotics
- **Latex or other substances you touch**, which can cause allergic skin reactions
- **Animal Allergens**, such as animal dander and those from household pets.

TOXICOLOGY



Urine



Swab



24hrs

We offer two methods of testing - both urine (offering 84 targets) and oral swab (offering 24 targets). Our clinical results report with a 99.9% accuracy and report back within 24hrs.

With the ongoing epidemic of drug misuse in America, it's more important than ever for doctors to monitor their patients as they get treated for pain, addiction, or chronic conditions.

ORAL TARGETS

Amphetamine
Methamphetamine
Alprazolam
Alpha-Hydroxyalprazolam
Diazepam
Nordiazepam
7-Aminoclonazepam
COOH-THC
Morphine
Oxycodone
Oxymorphone
Methadone
Tapentadol
Tramadol
Meperidine
Fentanyl
Zolpidem
Benzoylcegonine
Carisoprodol
Cyclobenzaprine
Heroin
Phencyclidine (PCP)
Codeine
Hydrocodone
Hydromorphone

URINE TARGETS

7-OH-Mitragynine	Naloxone	Alpha PVP
Mitragynine	Naltrexone	Phencyclidine (PCP)
Cotinine	Fentanyl	Codine
ETG	Norfentanyl	Norcodeine
ETS	Sufentanil Citrate	Hydrocodone
Amphetamine	Imipramine	Norhydrocodone
Methamphetamine	Nortriptyline	Dihydrocodeine
Fluoxetine	Protriptyline	Hydromorphone
Sertaline	Amobarbital	Morphine
Amitriptyline	Secobarbital	Oxycodone
Clomipramine	Butabarbital	Oxymorphone
Alpha-Hydroxyalprazolam	Butalbital	Propoxyphene
Alpha-Hydroxymidazolam	Pentobarbital	Noroxycodone
Alpha-Hydroxytriazolam	Phenobarbital	Norpropoxyphene
7-Aminoclonazepam	Desipramine	Buprenorphine
Clonazepam	Doxepin	Methadone
Nordiazepam	Desmethyldoxepin	EDDP
Oxazepam	Alprazolam	
Temazepam	Diazepam	
COOH-THC	Lorazepam	
Gabapentin	Midazolam	
Pregabalin	Tapentadol	
Benzoylcegonine	Norbuprenorphine	
Zolpidem	6-Acetylmorphine	
Methylphenidate R Acid	MDA	
Tramadol	MDEA	
O-desmethyltramadol	MDMA	
N-Desmethyltapentadol	Buphedrone	
Carisoprodol	MDPV	
Meprobamate	Mephedrone	
Cyclobenzaprine	Methedrone	
Zaleplon	Methylone	
Meperidin	JWH's	
Normeperidine	AM2201-4-OH	



STD / STI



 rtPCR  Urine  Swab  24hrs

The swiftness of the results decreases the progression and spread of infection, and allows the clinicians to make cost-sensitive treatments.

Unaffected by current medication usages

Sexually transmitted diseases (STDs) Panel detects 34 pathogens (viral and bacterial) using rt-PCR (Target Enriched Multiplex Polymerase Chain Reaction) technology – a multiplex PCR amplification technology to detect multiple targets simultaneously.

By testing with the multiple target panel it reduces unnecessary antibiotic administration and hospital acquired infections. The test allows for molecular testing in patients with concurrent antibiotic use, and more targeted therapy for better patient management and overall reduced hospital costs.

VIRAL

HSV1
HSV2

BACTERIAL

Atopobium vaginae
Bacteroides fragilis
BVAB2
Chlamydia trachomatis
Enterococcus faecalis
Escherichia coli
Gardnerella vaginalis
Haemophilus ducreyi
Lactobacillus crispatus
Lactobacillus gasseri
Lactobacillus iners
Lactobacillus jensenii
Megasphaera 1
Megasphaera 2
Mobiluncus curtisii
Mobiluncus mulieris
Mycoplasma genitalium
Mycoplasma hominis
Neisseria gonorrhoeae
Prevotella bivia
Staphylococcus aureus
Streptococcus agalactiae (B)
Treponema pallidum (Syphilis)
Ureaplasma urealyticum

FUNGAL

Candida albicans
Candida dubliniensis
Candida glabrata
Candida krusei
Candida lusitaniae
Candida parapsilosis
Candida tropicalis

PROTOZOA

Trichomonas vaginalis



UTI



rtPCR



Urine



24hrs

Targeted sequences investigate and monitor urinary tract microbiome composition and dynamics to **ensure maximum strain coverage with minimal off-target cross-reactivity.**

The Urinary Tract Infection Panel detects 17 to 31 pathogens (viral and bacterial) using rt-PCR (Target Enriched Multiplex Polymerase Chain Reaction) technology – a multiplex PCR amplification technology to detect multiple targets simultaneously.

- Provides physicians with valuable diagnostic insight into unknown causes of infection.
- Reduces unnecessary antibiotic administration and hospital acquired infections.
- Provides molecular testing in patients with concurrent antibiotic use and more targeted therapy for better patient management reducing overall hospital costs.

ORGANISMS

Acintobacter baumannii
 Candida albicans
 Citrobacter freundii
 Enterobacter aerogenes
 Enterobacter cloacae
 Enterococcus faecalis
 Enterococcus faecium
 Escherichia coli
 Klebsiella oxytoca
 Klebsiella pneumoniae
 Morganella morganii
 Proteus mirabilis
 Proteus vulgaris
 Providencia stuartii
 Pseudomonas aeruginosa
 Staphylococcus saprophyticus
 Streptococcus agalactiae

ANTIBIOTIC RESISTANT

CTX-M group 2	ampC
CTX-M_9	blaCMY-9
CTX-M_8_25	OXA-1
PER-1	VIM
PER-2	OXA-58
ErmB	NDM
ermC	CTX-M_1
QnrA	SHV
vanB	VEB
blaACC-4	



GENETIC CARRIER SCREENING



Saliva



2wks

Carrier screening provides information about your risks of having a child with a serious genetic disease prior to or during pregnancy. **Being a carrier of a genetic disease generally does not affect one's individual health, rather their offspring.**

We provide carrier screening for all 23 disorders recommended by the American Congress of Obstetricians and Gynecologists (ACOG), the American College of Medical Genetics and Genomics (ACMG) and by national Jewish advocacy groups. This includes cystic fibrosis, sickle cell anemia, Tay-Sach's disease and others.

Although most babies are born healthy there is a small chance of having a baby with a severe genetic disease. Carrier screening helps determine what this chance is specifically for you.

Reasons for carrier screening are vast, including if they are planning a pregnancy, have a family history of a genetic disorder, are at an increased risk for a specific condition based on ethnicity or would like additional information on reproductive risks.

Anyone can be a carrier of a genetic disease, even if no one in your family is affected. Most people don't know they are carriers until after they've had a screening because carriers don't have symptoms. The chance of being a carrier is based on your ethnic background and family history; however, some diseases, such as cystic fibrosis, are fairly common regardless of these factors.

GENETIC SCREENINGS

- Spinal Muscular Atrophy
- Cystic Fibrosis
- Hemoglobinopathies
- Fragile X Syndrome
- Ashkenazi Jewish descent
- Tay-Sachs Disease
- Down Syndrome (Trisomy 21)
- Klinefelter syndrome
- Triple-X syndrome
- Turner syndrome
- Trisomy 18.
- Trisomy 13
- AA amyloidosis
- Adrenoleukodystrophy (ALD)
- Ehlers-Danlos syndrome
- Mitochondrial diseases
- Usher syndrome
- Congenital Deafness at birth
- Duchenne muscular dystrophy
- Familial hypercholesterolemia
- Hemochromatosis
- Neurofibromatosis type 1
- Sickle cell disease



Buccal



2-4wks

Navigating cancer is not a one-size-fits-all experience. Understanding if your patient has a genetic mutation can help you personalize your patients' treatment.

Common Hereditary Cancer (CGx) testing is for patients who have a family history of cancers- results show the identification of likely pathogenic or pathogenic variants, clinically known to be causative of hereditary cancers.

CGx positive results are indicative of the presence of these likely pathogenic or pathogenic variants.

Clinical correlation with patient history and other diagnostic information is necessary to determine the patient's status.

The panel we offer uses efficient technology and sequencing machinery that allows cost-efficient sequencing with high data quality. This system offers robust base calling, a simple workflow that reduces chance for error, and optimized DNA amplicon sequencing.

The American Society of Breast Surgeons recommends that genetic testing be made available to all patients with breast cancer¹. **10-15% of most cancers are due to inherited genetic mutations.**

BREAST & OVARIAN CANCER

BRCA1
BRCA2
MLPA

PROSTATE CANCER

BRCA1
BRCA2
MLPA
TP53



GASTROINTESTINAL



rtPCR



Fecal



24hrs

The most common gastrointestinal targets in our panel include:

Rotavirus, Norovirus, E.Coli, and Salmonella,

in addition to the below targets:

Gastrointestinal infections in both pediatric and adult patients account for significant morbidity and mortality worldwide.

Our Gastrointestinal Pathogen Panel detects 20 pathogens (viral and bacterial) using rt-PCR (Target Enriched Multiplex Polymerase Chain Reaction) technology – a multiplex PCR amplification technology to detect multiple targets simultaneously.

Panel testing helps identify co-infections, provides physicians with valuable diagnostic insight into unknown causes of infection, reduces unnecessary antibiotic administration and hospital acquired infections, allows for molecular testing in patients with concurrent antibiotic use, and more targeted therapy for better patient management and overall reduced hospital costs.

VIRAL

- Adenovirus
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus 229E
- Coronavirus OC43
- Human Metapneumovirus
- Human Rhinovirus/Enterovirus
- Respiratory Syncytial Virus
- SARS-CoV-2
- Influenza A
 - Influenza A/H1
 - Influenza A/H3
 - Influenza A/H1-2009
- Influenza B
- Parainfluenza Virus 1
- Parainfluenza Virus 2
- Parainfluenza Virus 3
- Parainfluenza Virus 4

BACTERIAL

- Bordetella parapertussis (IS1001)
- Bordetella pertussis (ptxP)
- Chlamydomphila pneumoniae
- Mycoplasma penumoniae



PGx



Saliva



~2wks

PGx testing allows you to develop a **genetically personalized healthcare plan** for each patient & prescribe the right drug at the right dose, **based on your patients' unique DNA profile.**

Pharmacogenomics (PGx) is the relationship between a patient's unique genetic makeup and their response to certain medications. Our PGx panel is a tool used to determine- in advance - which patients are most likely to benefit from a particular therapy.

90% of prescription drugs work in only 30-50% of patients, and over \$350 billion is annually spent on ineffective medicines globally.

PGx is ideal for behavioral health patients and those who are taking multiple types of medication,

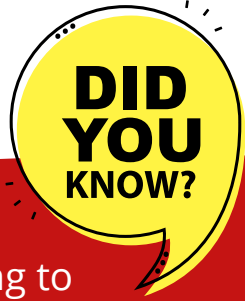
Genetic mutations can also cause either higher or lower rates of metabolism for known drugs.

GENES

- APOE
- Factor II
- Factor V
- VKORC1
- CYP1A2
- CYP2B6
- CYP2C19
- CYP2C9
- CYP2D6
- CYP3A4
- CYP3A5
- COMT
- MTFHR
- SLCO1B1

TARGETS

- Hyperlipoproteinemia
- Hyperprothrombinemia
- Vitamin-K-dependent clotting factors (warfarin)
- Drug metabolism (9% of most common drugs)
- Drug metabolism (7% of most common drugs)
- Drug metabolism (10% of most common drugs)
- Drug metabolism (17% of most common drugs)
- Medication bioactivation and metabolism
- Drug metabolism (37% of most common drugs)
- Drug metabolism (37% of most common drugs)
- Neuropsychological disorders
- Hyperhomocysteinemia
- Metabolism of Simvastatin (Zocor)



According to the FDA, each year, approximately 4.5 million Americans visit their doctors or the emergency room due to **adverse drug reactions.**



Psychiatry/ADHD



Buccal



~2wks

PGx testing allows you to develop a **genetically personalized healthcare plan** for each patient & prescribe the right drug at the right dose, **based on your patients' unique DNA profile.**

We provide a comprehensive report based on an individual patient's genetic makeup that indicates metabolic rates for defined medications. This information helps clinicians' prescribe the right drug at the right dose based on your patients DNA profile.

We use the latest in high DNA sequencing technology to analyze patient samples in an expedient and precise approach.

All our genetic scientists are highly trained, handle testing with the utmost care, and are always available for in-depth consultations.

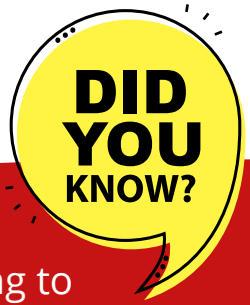
The pharmacogenomics reports you'll receive are easy to read and provide you with clinically significant data based on the most recent medical innovations.

GENES

APOE
Factor II
Factor V
VKORC1
CYP1A2
CYP2B6
CYP2C19
CYP2C9
CYP2D6
CYP3A4
CYP3A5
COMT
MTFHR
SLCO1B1

TARGETS

Hyperlipoproteinemia
Hyperprothrombinemia
Vitamin-K-dependent clotting factors (warfarin)
Drug metabolism (9% of most common drugs)
Drug metabolism (7% of most common drugs)
Drug metabolism (10% of most common drugs)
Drug metabolism (17% of most common drugs)
Medication bioactivation and metabolism
Drug metabolism (37% of most common drugs)
Drug metabolism (37% of most common drugs)
Neuropsychological disorders
Hyperhomocysteinemia
Metabolism of Simvastatin (Zocor)



According to the FDA, each year, approximately 4.5 million Americans visit their doctors or the emergency room due to **adverse drug reactions.**



RESPIRATORY



rtPCR



Nasal



24hrs

The 3 most common respiratory targets in our panel include: **Human Rhinovirus/Enterovirus, Parainfluenza Virus, Human Metapneumovirus**, in addition to other below targets.

This panel detects the majority of respiratory disease-causing viral and bacterial pathogens of critical importance to patients, including children, elderly and the immunocompromised.

An etiologic diagnosis of respiratory disease will lead to more effective and efficient management of patients, and play a key role in supporting Healthcare Reform and Antimicrobial Stewardship - helping to facilitate the CDC's efforts to cross-communicate antibiotic-resistant bacteria data across the U.S. - to ultimately decrease the spread of infections and combat the increasingly devastating effects of "superbugs."

Multiple target panel testing helps identify co-infections, provides physicians with valuable diagnostic insight into unknown causes of infection, reduces unnecessary antibiotic administration and hospital acquired infections.

VIRAL

- Adenovirus
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus 229E
- Coronavirus OC43
- Human Metapneumovirus
- Human Rhinovirus/Enterovirus
- Respiratory Syncytial Virus
- SARS-CoV-2
- Influenza A
 - Influenza A/H1
 - Influenza A/H3
 - Influenza A/H1-2009
- Influenza B
- Parainfluenza Virus 1
- Parainfluenza Virus 2
- Parainfluenza Virus 3
- Parainfluenza Virus 4

BACTERIAL

- Bordetella parapertussis (IS1001)
- Bordetella pertussis (ptxP)
- Chlamydomphila pneumoniae
- Mycoplasma penumoniae

WOUND CARE



qPCR



Specimen



24hrs

Consensus guidelines from a Global Wound Biofilm Expert Panel include the use of DNA diagnostics **in the first 1-4 days of chronic wound therapy** as part of early intervention.

When you know what microbiota are present in wounds that are impairing healing, it allows patients to get the correct and speedy care they need. A qPCR allows you to do precisely that—**this technology detects multiple targets simultaneously**. Bacterial proliferation and colonization lead to a sustained presence of pro-inflammatory agents that degrade the extracellular matrix, which in turn inhibits cell migration and prevents wound closure.

Incomplete detection — or mixed flora culture results — offer physicians few options beyond guesswork and sub-optimal empirical solutions. In comparison, our molecular testing can **increase precise species identification** some 20-fold, allowing you to select appropriate antimicrobial therapeutic options.

ORGANISMS

Acintobacter baumannii
Candida albicans
Citrobacter freundii
Enterobacter aerogenes
Enterobacter cloacae
Enterococcus faecalis
Enterococcus faecium
Escherichia coli
Klebsiella oxytoca
Klebsiella pneumoniae
Morganella morganii
Proteus mirabilis
Proteus vulgaris
Providencia stuartii
Pseudomonas aeruginosa
Staphylococcus saprophyticus
Streptococcus agalactiae

ANTIBIOTIC RESISTANT

CTX-M group 2	ampC
CTX-M_9	blaCMY-9
CTX-M_8_25	OXA-1
PER-1	VIM
PER-2	OXA-58
ErmB	NDM
ermC	CTX-M_1
QnrA	SHV
vanB	VEB
blaACC-4	