



Turnkey In-Office Molecular PCR Testing

UTI • WOMENS HEALTH/VAGINITIS • STI • HPV

RESPIRATORY • FLU A/B • COVID19 - SARS

NAIL FUNGAL • WOUND • GASTROENTEROLOGY

- Ancillary Revenue Opportunity •
- Keep PCR Lab Profits In Your Practice •



IN-OFFICE POINT OF CARE PCR TESTING = RAPIDLY INCREASED MONTHLY

The Point of Care Managed Services Program is revolutionizing the way large practices increase monthly revenue.

Many practices are still using outside labs to process their patients' UTI, Respiratory, Nail Fungus and/or Wound related cultures. Often these facilities are not only billing the insurance, but may send patients to collections.

The Integration of our Managed Program will grant you billing privileges and the control of the PCR lab revenue and your patient's financial outcome.

TESTING BENEFITS



Rapid same day test results

Test your patients in-office and get test results during the same visit!

Determine if your patient needs antibiotics.



Antibiotic resistance read out

Test results will provide the antibiotic resistance of the organism that presents as positive in your patients test results.

Stop using antibiotics that don't cure your patient.



Test your patients on a clinical level just like the Laboratories.

By integrating the point of care system into your office. Your medical practice will elevate with robust services, increased treatment capabilities and monthly revenue.



The Manages Service program is a complete turnkey opportunity.

We have designed this program to be effortless on your part. We provide

- The setup (including your C.L.I.A license)
- The PCR Device
- The Lab Technician
- The Supplies
- Third Party Billing Option



Compliant with the Antibiotic stewardship program

The CDC has started to mandate the use of antibiotic alternatives for long-term managed care. By reducing the use of antibiotics patients will have less resistance when it is truly needed.

We have created a program that keeps you compliant with monthly reports. PCR testing will help reduce the use of antibiotics and increase your facility health score. It is only a matter of time before it is mandated at the clinical level.

Advanced PCR Technology for Respiratory, UTI, & Vaginitis

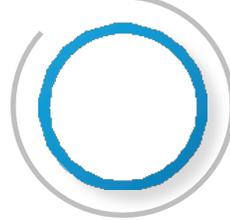


Why use PCR Technology?

CDC Guideline on Rapid influenza test kits (RIDTs)

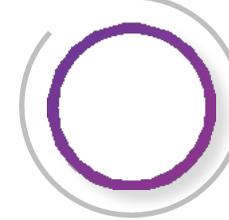
“If an important clinical decision is affected by the test result, the RIDTs result should be confirmed by a molecular assay, such as reverse transcription polymerase chain reaction (RT-PCR)”

96% more accurate than traditional culture testing. The test is unaffected by the use of antibiotics



What is Respiratory Panel Testing?

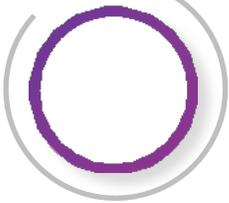
RPP is a qualitative test that will identify DNA from respiratory viruses and bacteria extracted from nasopharyngeal swabs from individuals with clinical signs and symptoms of a respiratory tract infection. This panel employs PCR (**polymerase chain reaction**) technology which is used to “amplify” small quantities of nucleic acid into detectable levels which leads to accurate results.



What Is Urinary Tract Infection Testing?

UTI (**urinary tract infection**) testing utilizes quantitative Polymerase Chain Reaction (**PCR**) to rapidly analyze your patient’s sample. PCR technology precisely detects the correct pathogen(s) and identifies antibiotic drug resistance. This allows providers the ability to prescribe timely and effective treatment

Advanced PCR Technology for Nail Fungal and Wounds

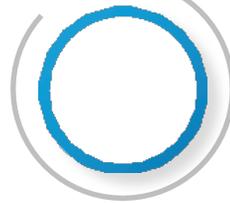


Why use PCR Technology

CDC Guideline on Rapid influenza test kits (RIDTs)

“If an important clinical decision is affected by the test result, the RIDTs result should be confirmed by a molecular assay, such as reverse transcription polymerase chain reaction (RT-PCR)”

96% more accurate than traditional culture testing. The test is unaffected by the use of antibiotics



What is Nail Fungal Pathogen Testing?

Our Onychomycosis test is a qualitative test that will identify fungal pathogens from individuals with clinical signs and symptoms of a nail fungal infection. This panel employs PCR (**polymerase chain reaction**) technology which is used to “amplify” small quantities of nucleic acid into detectable levels which leads to accurate results.



What Is Chronic Wound Infection Testing?

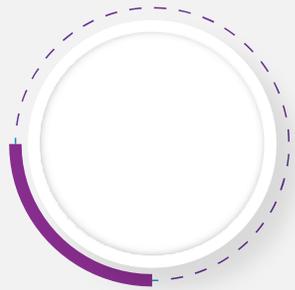
Our Wound pathogen panel utilizes quantitative Polymerase Chain Reaction (**PCR**) to rapidly analyze your patient’s sample. PCR technology precisely detects the correct pathogen(s) and identifies antibiotic drug resistance. This allows providers the ability to prescribe timely and effective treatment



This test will prove if a patient has a virus and does not require antibiotics, thereby affirming a provider's decision to avoid drugs that are unnecessary and can have significant side effects.

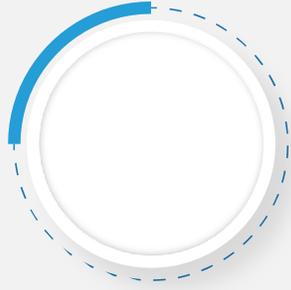
(THIS IS A CONSTANT STRUGGLE FOR ALL PHYSICIANS.)

What does this mean for Your Practice?



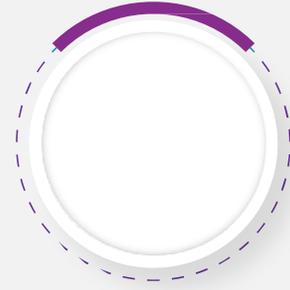
100%

Increased Clinical Value



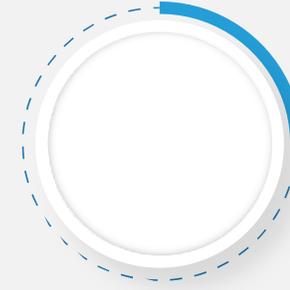
0%

Over prescription of Antibiotics



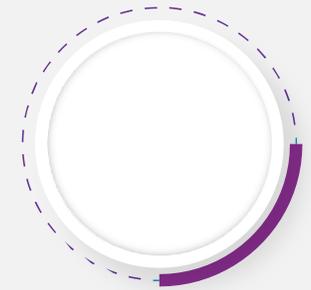
45 MINUTES

Timely, actionable results



IMMEDIATELY

Stop guessing and start treating



\$0.00

No upfront cost

SUCCESS

Just 5 tests a day can generate over \$20k -70k+ per month in net practice profit

How does the In Office PCR Lab Program Work?

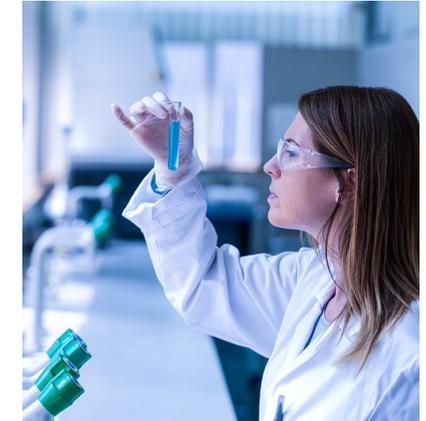
We provide all the following at zero upfront cost for you.* Below are estimates for several PCR assays based on a 20 work-day month.

Custom Insurance
Proforma Evaluation

C.L.I.A License

Recruiting of
onsite Lab Tech

Point Of Care Testing
Device and Supplies



UTI (Urinary Tract Infection)	5 samples per day	X	\$1,000.00	=	\$65,000.00
			Avg. Medicare Reimbursement		\$Average Net Profit Per Month after expenses
RPP (Respiratory Pathogen Panel)	5 samples per day	X	\$1,000.00	=	\$65,000.00
			Avg. Medicare Reimbursement		\$Average Net Profit Per Month
Womens Health w/ Vaginitis (Pathogen Panel)	5 samples per day	X	\$1,000.00	=	\$65,000.00
			Avg. Medicare Reimbursement		\$Average Net Profit Per Month after expenses
Nail Fungal (Pathogen Panel)	5 samples per day	X	\$631.00	=	\$29,000.00
			Avg. Medicare Reimbursement		\$Average Net Profit Per Month after expenses
Wound Care (Pathogen Panel)	5 samples per day		\$1,000.00	=	\$65,000.00
			Avg. Medicare Reimbursement		\$Average Net Profit Per Month after expenses
Covid19 - SARS (Pathogen Panel)	50 samples per day (about 1000 tests a month) *includes billing for the swab		\$100.00 per test Plus \$20.00 per swab	=	\$69,000.00 Average net Profit Per Month after expenses

Your own PCR lab will be a game changer for your medical facility!

Our team gets you completely setup. Your office will never miss a beat, from site certification to training we will ensure that your Point of Care service is ready for immediate use. We will work with your billing team to insure they understand the proper coding.

Reimbursement on Commercial Insurance payors will vary.

**Zero upfront cost is based on our financing program, with no payments for 60 days.*

In-Office PCR Pathogen Testing Device

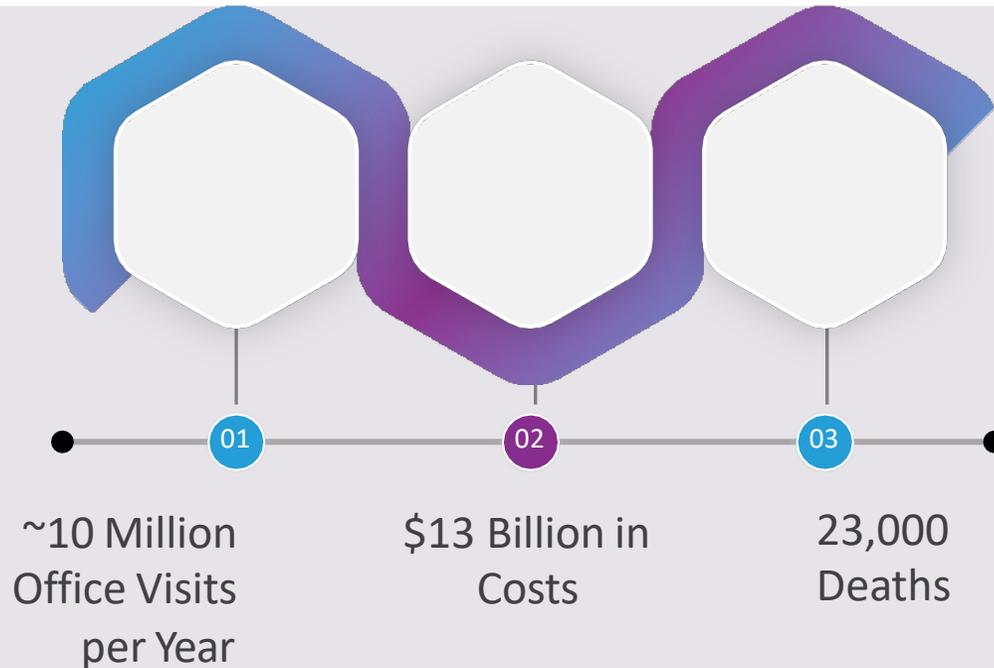
This well-known manufacture provides hardware for laboratories and hospitals nationwide.



The program requires 8 feet of dedicated desk space and a CLIA Certificate.

The CLIA licensing is part of the program and does not require any upfront costs.

The Impact of UTI's on Humanity and the Healthcare System



Up to 1/3 of all infections illustrate resistance to antibiotics

Complications from UTI's results in 9-11 days longer for each hospital stay

UTI Pathogen Panel

• *Candidia Albicans* • *Chlamydia Trachomatis* • *Neisseria Gonorrhoeae* • *Streptococcusagalactia*(group A) • *Streptococcuspyogenes*(Group B) • *Trichomonas Vaginalis* • *Gardnerellavaginalis* • *Staphylococcus Aureus* • **Mrsa*(Methicillianresistance) • *Staphylococcus Saprophyticus* • *Serratiamarcescens* • *Proteus Mirabilis* • *Klebsiella Pneumoniae/Oxytoca* • *Acinobacterbaumannii* • *Citrobacter Freundii/Braakii* • *Escherichia Coli* • *Pseudomonas Aeruginosa* • *Enetrococcusfaecium* • *Citrobacter Koseri* • Class A Blactamase; Blakpc • Class A B-lactamase; Ctx-m Group1 • Class B Metallo-b -Lactamase; Blandm • Vre; Vana • Vancomycin Resistance • Dna/ RnaAmplified Probe

It has been estimated each year in the United States the flu results in:



RPP Pathogen Panel

- Influenza Virus, A & B • Human metapneumovirus(A & B) • Rhinovirus species (types A & B) • Syncytial virus • Adenovirus species • Parainfluenza virus species (type 1-4) • Coronavirus species (229E, HKU1, NL63, OC43) • Legionella Pneumophila • Mycoplasma Pneumoniae • Chlamydia Pneumoniae • Streptococcus, Group A • RSV, A & B • Enterovirus species
- Staphylococcus aureus • Haemophilus Influenza • Moraxella catarrhalis • Streptococcus pneumoniae • Bordetella pertussis • Staphylococcus epidermidis • Klebsiella pneumoniae • MRSA • Pneumocystis jirovecii • Coxiella burnetii Antimicrobial Resistant Genes • VIM • CTX-M

Bacterial

Bacteroides fragilis, vulgatus Enterobacter aerogenes, cloacae Enterococcus faecalis, faecium Escherichia coli Fusobacterium nucleatum, necrophorum Klebsiella pneumoniae, oxytoca

Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevobi Prevotella bivia, loescheii Proteus mirabilis, vulgaris Pseudomonas aeruginosa Serratia marcescens Staphylococcus aureus Staphylococcus¹² Streptococcus pyogenes¹¹

Fungal

Aspergillus flavus, fumigatus, niger, terreus Blastomyces dermatitidis Candida albicans, glabrata, parapsilosis, tropicalis Cladosporium herbarum Curvularia lunata Epidermophyton floccosum Fusarium oxysporum, solani Malassezia furfur, restricta, sympodialis, globosa Microsporum audouinii, canis, gypseum

Trichophyton mentagraphophytes/interdigitale, rubrum, soudanense, Terrestre, tonsurans, verrucosum, violaceum

Trichosporon mucoides, asahii

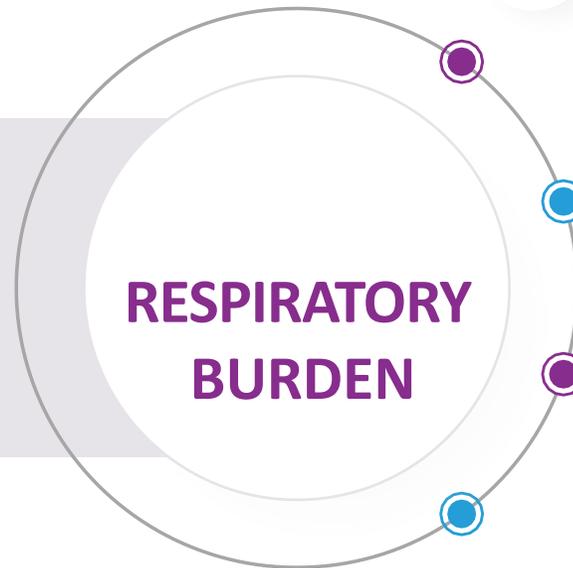
Antibiotic Resistance

VanA, VanB (Vancomycin genes) ermB, C; mefA¹ PER-1/VEB-1/GES-1 Groups² SHV, KPC Groups³ CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups³ dfr (A1, A5), sul (1,2) probes⁴ mecA (Methicillin gene) qnrA1, qnrA2, qnrB2⁵ tet B, tet M (Tetracycline genes) IMP, NDM, VIM Groups⁶ ACT, MIR, FOX, ACC Groups⁷ OXA-48,-51 (Class D oxacillinase)

WOUND INFECTIOUS DISEASE PATHOGENS

Bacterial	<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Cutibacterium (Propionibacterium) acnes	<input type="checkbox"/> Fusarium oxysporum, solani
<input type="checkbox"/> Anaerococcus vaginalis	<input type="checkbox"/> Bacteroides fragilis, vulgatus	<input type="checkbox"/> Proteus mirabilis, vulgaris	<input type="checkbox"/> Malassezia furfur, restricta, sympodialis, globosa
<input type="checkbox"/> Burkholderia cepacia, pseudomallei	<input type="checkbox"/> Citrobacter freundii	<input type="checkbox"/> Pseudomonas aeruginosa	<input type="checkbox"/> Trichophyton mentagraphophytes/interdigitale, rubrum, soudanense, terrestre, tonsurans, verrucosum, violaceum
<input type="checkbox"/> Clostridium perfringens, novyi, septicum	<input type="checkbox"/> Corynebacterium jeikeium, striatum, tuberculostearicum	<input type="checkbox"/> Salmonella enterica	<input type="checkbox"/> Trichosporon mucoides, asahii
<input type="checkbox"/> Enterobacter aerogenes, cloacae	<input type="checkbox"/> Enterococcus faecalis, faecium	<input type="checkbox"/> Serratia marcescens	Antibiotic Resistance
<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Finegoldia magna	<input type="checkbox"/> Staphylococcus aureus	<input type="checkbox"/> VanA, VanB (Vancomycin genes)
<input type="checkbox"/> Fusobacterium nucleatum, necrophorum	<input type="checkbox"/> Haemophilus influenzae	<input type="checkbox"/> Staphylococcus (coagulase negative: epidermidis, haemolyticus, lugdunensis, saprophyticus)	<input type="checkbox"/> ermB, C; mefA ¹
<input type="checkbox"/> Klebsiella pneumoniae, oxytoca	<input type="checkbox"/> Mycoplasma genitalium, hominis	<input type="checkbox"/> Stenotrophomonas maltophilia	<input type="checkbox"/> PER-1/VEB-1/GES-1 Groups ²
<input type="checkbox"/> Peptoniphilus harei, ivorii	<input type="checkbox"/> Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii	<input type="checkbox"/> Streptococcus agalactiae ¹⁰	<input type="checkbox"/> SHV, KPC Groups ³
<input type="checkbox"/> Prevotella bivia, loescheii	<input type="checkbox"/> Proteus mirabilis, vulgaris	<input type="checkbox"/> Streptococcus pneumoniae	<input type="checkbox"/> CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups ³
	<input type="checkbox"/> Serratia marcescens	<input type="checkbox"/> Streptococcus pyogenes ¹¹	<input type="checkbox"/> dfr (A1, A5), sul (1, 2) probes ⁴
	<input type="checkbox"/> Staphylococcus aureus	<input type="checkbox"/> Vibrio cholerae, parahaemolyticus, vulnificus	<input type="checkbox"/> mecA (Methicillin gene)
	<input type="checkbox"/> Staphylococcus (coagulase negative: epidermidis, haemolyticus, lugdunensis, saprophyticus)	Fungal	<input type="checkbox"/> qnrA1, qnrA2, qnrB2 ⁵
	<input type="checkbox"/> Stenotrophomonas maltophilia	<input type="checkbox"/> Aspergillus flavus, fumigatus, niger, terreus	<input type="checkbox"/> tet B, tet M (Tetracycline genes)
	<input type="checkbox"/> Streptococcus agalactiae ¹⁰	<input type="checkbox"/> Blastomyces dermatitidis	<input type="checkbox"/> IMP, NDM, VIM Groups ⁶
	<input type="checkbox"/> Streptococcus pneumoniae	<input type="checkbox"/> Candida albicans, glabrata, parapsilosis, tropicalis	<input type="checkbox"/> ACT, MIR, FOX, ACC Groups ⁷
	<input type="checkbox"/> Streptococcus pyogenes ¹¹	<input type="checkbox"/> Cladosporium herbarum	<input type="checkbox"/> OXA-48,-51 (Class D oxacillinase)
	<input type="checkbox"/> Vibrio cholerae, parahaemolyticus, vulnificus	<input type="checkbox"/> Curvularia lunata	

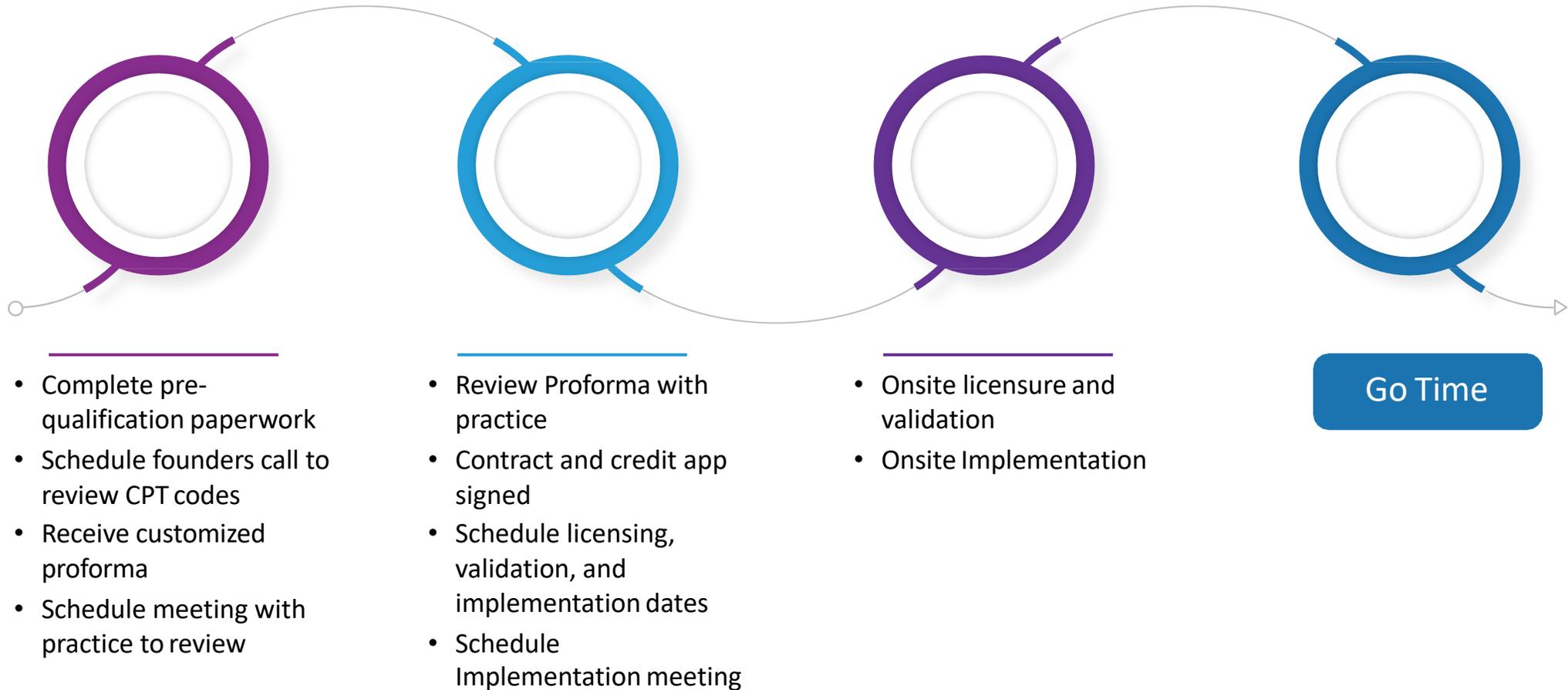
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The Process



Any questions please contact your Account Executive.



THANK YOU

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