STI v2 Report

Emeritus MEDICAL TECHNOLOGY

Patient Information	Physician Information	Sample Information
Reategui, Flavia Age/Sex: **23/F** DOB: **07/27/2002** Phone#: Medical Rec#: **8984407** Pregnancy Status: **Not Applicable** Currently On Antibiotics : **Not Applicable**	**Natasha Aguilera PA-C** Jose Nodarse MD Obstetrics and Gynecology - BB 2800 S. Seacrest Blvd., Suite 220 Boyton Beach, FL 33435 **Phone :** 561.413.2850 **Fax :** 561.509.7102	Accession#: **STIF25-00219** Date Collected: **11/03/2025** Date Received: **11/04/2025** Date Reported: **11/05/2025** Specimen: **Voided Urine** ICD 10: **Z11.3**

Clinical Information

ICD Code(s): Z11.3

STI Results: Positive

ORGANISM(S) - DETECTED

- **Bacteria:** Gardnerella Vaginalis

This multiplex PCR assay detects multiple bacterial, fungal, and/or viral pathogens using multiple procedures, methodologies, and/or kits that are medically necessary to ensure comprehensive detection and accurate reporting.

STI ORGANISM(S) - NOT DETECTED

Bacteria: Chlamydia Trachomatis, Neisseria Gonorrhoeae-1, Neisseria Gonorrhoeae-2, Treponema pallidum (Syphilis), Trichomonas Vaginalis

Viruses: Human Herpesvirus 4 (Epstein Barr Virus), Human Herpesvirus 6, Human Papillomavirus Type 16, Human Papillomavirus Type 18/45, Human Papillomavirus Type 31, Human Papillomavirus Type 33 or 52 or 67

STI Disclaimer: This test was developed and it's performance characteristics determined by the laboratory. It has not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for Clinical Purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical testing. This test is not recommended for the evaluation of suspected sexual abuse, for other medico-legal indications, or for evaluation of children ≤14 years of age. In these circumstances, a genital culture is the test of choice. Consultation with attending physician is necessary for the detected organism's pathogenicity interpretation.

Methodology and Clinical Significance: The laboratory utilizes Real-time qPCR (Polymerase Chain Reaction) methodology to detect Sexually Transmitted Infection (STI) organisms. The results indicate only the presence (Positive) or absence (Negative) of DNA from the specified organisms and do not provide information on viability, infectivity, or disease severity. A negative result does not rule out infection, as pathogen levels may be below the detection limit or due to sample collection variability. If symptoms persist or there is a high clinical suspicion, repeat testing at a different time or prepare vaginal swab/brush sample. A positive result should be correlated with clinical symptoms and other laboratory findings.

Clinical prevalence in the population: The provided percentages represent the population prevalence of the detected pathogens. However, each positive result should be interpreted in the context of the patient's clinical signs and symptoms. Some positive findings may be due to dormant pathogens integrated into human DNA rather than active infections, and thus may not indicate active infection or infection site is different than urogenital area.

Prevalence references:

Age-Specific Prevalence of Epstein–Barr Virus Infection Among Individuals Aged 6–19 Years in the United States and Factors Affecting Its Acquisition- Henry H. Balfour, Jr et al 2013
Detection of Human Betaherpesvirinae in Saliva and Urine fromImmunocompromised and Immunocompetent Subjects- A Gautheret-Dejean et al. 1997

Final Report signed by Chad Delahanty on 11/05/2025 at 12:46 PM

• Testing performed at 524 E Elm St Conshohocken, PA 19428 | Medical Director: Joshua Cantor M.D.