Gastro Dx.™

Gastro Dx™ utilizes quantitative Real-Time PCR to rapidly analyze your patient's sample in 48 hours. RT-PCR technology precisely detects the correct pathogen(s) and identifies antibiotic drug resistance. This allows providers the ability to prescribe timely and effective treatment.

Rapid and accurate solution eliminates guesswork in diagnosing and treating gastrointestinal infections

Infectious diarrhea is a common complaint among patients seeking medical advice and, despite progress in both diagnosis and treatment, still remains one of the leading causes of morbidity and mortality worldwide.

The spectrum pathogens responsible for such infections varies with age and geographical location. Viral and bacterial pathogens are the main cause of diarrhea in industrialized countries.(1)
These pathogens may routinely be underestimated as a cause of diarrhea due to underrepresentation of requests and difficulty recognizing these pathogens in the laboratory.

Gastro Dx™ quickly identifies pathogens and detects potential antibiotic resistance, so effective treatment can begin sooner. Our pharmacy team can review each report and provide treatment considerations to aid in the administration of an appropriate treatment plan.

Accurate diagnosis within 48 hours with real-time PCR for pathogen identification and detection of antibiotic resistance.

- PCR, a molecular technique, can be used to precisely analyze the genetic material of pathogens
- Provides a more definitive diagnosis than POC antigen assays
- 48-hour turnaround from receipt of specimen
- More accurate than conventional culture(1)

Helps improve clinical confidence and decrease patient risks

- Detects polymicrobial infections
- Unaffected by concurrent antibiotic use
- Reduces potential unnecessary drug exposure and adverse events
- Identifies potential antibiotic resistance
- Aids in quick clinical decision-making
- Reduces false negative results
- Aids in antibiotic stewardship

1)Pritt, MD, B. (2017 Nov 6). Syndromic testing for infectious diseases, part 2: gastrointestinal infections. Mayo Clinic. Retrieved from https://news.mayocliniclabs.com/2017/11/06/syndromic-testing-infectious-disease-part-2-gastrointestinal-infections/

Gastro Dx™ Test Menu

Bacterium

Acinetobacter baumanii
Aeromonas caviae, hydrophila, veronii
Anaerococcus vaginalis
Bacteroides fragilis (Enterotoxigenic ETBF)
Bacillus cereus
Campylobacter jejuni, coli
Citrobacter freundii
Clostridium botulinum
Clostridium difficile (toxins A, B genes)
Clostridium perfringens, noyvi, septicum Corynebacterium jeikeium, striatum, tuberculostearicum
E. coli (DAEC) Diffusely adherent + E. coli (EAEC) Enteroaggregative
E. coli (EHEC) 0157 Enterohemorrhagic + E. coli enteropathogenic
E. coli (EIEC) enteroinvasive/Shigella spp.
E. coli (ETEC) Enterotoxigenic
Enterobacter aerogenes, cloacae
Enterococcus faecalis, faecium
Finegoldia magna
Helicobacter pylori
Klebsiella pneumoniae, oxytoca
Listeria monocytogenes
Proteus mirabilis, vulgaris
Pseudomonas aeruginosa
Salmonella enterica
Staphylococcus aureus
Staphylococcal enterotoxins A, B
Vibrio cholera, parahaemolyticus, vulnificus
Yersinia enterocolitica

Parasitic

Ascaris lumbricoides, Strongyloides stercoralis (roundworms)
Balantidium coli
Blastocystic hominis
Clonorchis sinensis, Opisthorchis viverrini, Metorchis conjunctus (Trematode liver flukes)

PARASITIC (continued)

Cryptosporidium hominis, parvum
Cyclospora cayetanensis, Cytoisopora belli
Dientamoeba fragilis, Entamoeba histolytica
Diphyllobothrium latum
Enterobius vermicularis (pinworm)
Fasciola buski, hepatica, gigantica (liver/intestinal flukes)
Giardia intestinalis (lamblia, duodenalis)
Hymenolepis nana, dimunita
Microsporidium (E. bieneusi + E. intestinalis)
Schistosoma mansoni, japonicum, haematobium
Taenia saginata, solium (tapeworms)
Trichiuris trichiuria (whipworm)

VIRUS

Adenovirus HAdV-F, HAdV-G
Astrovirus
Enterovirus A, B, C
Enterovirus D
Hepatitis A
Norovirus
Rotavirus A, B
Sapovirus

Antibiotic Resistance Test Menu

- VanA, VanB (Vancomycin Resistance Genes)
- mecA (Methicillin Resista ce Genes)
- ermB, C; mefA (Macrolide Lincosamide Streptogramin Resistance)
- qnrA2 (Fluoroquinolone Resistance Genes)
- tet M (Tetracycline Resistance Genes)
- SHV, KPC Groups (Class A Beta Lactamase)
- CTX-M1 (15), M2 (9), M8/25 Groups (Class A Beta Lactamase)
- ACT, MIR, FOX, ACC Groups (AmpC Beta Lactamase)
- OXA-48,-51 (Class D Oxacillinase)
- PER-1/VEB-1/GES-1 Groups (Minor Extended Spectrum Beta Lactamase)
-dfr (A1, A5), sul (1, 2) Probes (Trimethoprim/Sulfamethoxazole

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