

Oral One PAP STI & ACUTE PHARYNGITIS MOLECULAR PANEL

Last name, First Name	Armando Moncada MD FCAP NPI: 1639246366	CASE: OOP-22-1000
Sex:		REQ: 000000
PID: 000000	PCG Molecular 75 Mount Vernon Hwy Suite 270 Atlanta, GA 30328	DATE COLLECTED: 00/00/00
DOB: 00/00/0000		RECIEVED DATE: 00/00/00
		REPORT DATE 00/00/00

STI Array Results		Acute Pharyngitis Array Results	
Chlamydia trachomatis	Negative	Herpes Simplex Virus 1	Negative
Escherichia coli	Negative	Herpes Simplex Virus 2	Negative
Enterococcus faecalis	Negative	Streptococcus dysgalactiae	Negative
Mycoplasma genitalium	Negative	Streptococcus pyogenes	Negative
Neisseria gonorrhoeae	Negative	Epstein Barr Virus	Negative
Treponema pallidum	Negative		
Shigella flexneri	Negative		
HPV 16	Negative		
HPV 18	Negative		
Hepatitis B Virus	Negative		
Hepatitis C Virus	Negative		
Trichomonas vaginalis	Negative		
Giardia lamblia	Negative		
Entamoeba histolytica	Negative		
Candida albicans	Negative		
+ Candida glabrata	Positive		
Candida parapsilosis	Negative		

Next Steps

Consider pregnancy status, history of recurrent infection, and any known, specific drug resistance in the treatment of infections.

Candida Glabrata

Consider the cause of persistent or recurrent trichomoniasis infection and note that treatment of sexual partners increases cure rate. Metronidazole 500 mg orally twice daily for 7 days. If this fails, consider metronidazole or tinidazole at 2 g orally for 7 days. Tinidazole at 2–3g for 14 days, in combination with intravaginal tinidazole, can be considered in cases of nitroimidazole-resistant infections.