



URINE

Facility Name:

Patient Name:

Lab Accession #:

Patient DOB:

Date Collected:

Provider:

Patient Gender:

Date Received:

Phone:

Drug Allergies:

Date Reported:

Specimen Type:

Laboratory Results

Pathogens Detected

Resistance Genes Detected & Potential Med Class Affected

Organism	Est. Microbial Load	Gene	Class
Escherichia coli	Gram Neg. >=100,000 copies/uL	tetM/tetB/tetS	Tetracyclines
Aerococcus urinae	Gram Neg.<= 10,000 copies/uL Anaerobic		

ATA Medication Guidance

Focus Therapy: E coli

	Medication	Route	Dose
First Line	TMP-SMX DS	PO	160/800 mg BID x 3-5 days
Coverage For: E coli Considerations: Avoid use with sulfa allergies. If CrCl < 30 mL/min, reduce dose 50%. Avoid using in CrCl < 15 mL/min, asthma patients, pregnancy, warfarin, and with folate deficiency. Monitor for hyperkalemia in patients taking ACE-inhibitor, ARB, or spironolactone.			

	Medication	Route	Dose
Alternative	Ciprofloxacin	PO	500 mg BID x 7-14 days
Coverage For: E coli Considerations: Black box warning for tendinitis and tendon rupture, peripheral neuropathy, and CNS effects in elderly - anxiety, confusion, depression, hallucinations. Second line use for acute sinusitis, acute bronchitis, and uncomplicated UTI. Avoid in ages below 16. Avoid in pregnancy. Adjust dose CrCl <50min/ml. Can cause C difficile. Do not use with Amiodarone.			
OR			
	Cefdinir	PO	300 mg BID x 7-10 days
Coverage For: E coli Considerations: If CrCl < 30 mL/min, reduce dose to 300 mg daily.			

PHARMACIST ANALYSIS / SPECTRUM OF ACTIVITY

E COLI (urine): First line recommendations are TMP-SMX, NITROFURANTOIN. Alternatives include CEFDINIR, CEPHALEXIN, CEFTRIAXONE, GENTAMICIN, FOSFOMYCIN, CIPROFLOXACIN. Pyelonephritis or complicated UTI: ERTAPENEM, MEROPENEM, IMIPENEM-CILASTIN, CIPROFLOXACIN, TMP-SMX.

E coli detected 5/29/25. Consider higher dosage and/or longer duration of therapy.



►►► SPECIMEN NOTES:

- Semi-Quant Assay: Bacterial organisms detected will be assessed based on amplification curves to give approximate quantitative ranges of low, moderate, or high in the presence of DNA on the sample. If this load has been expressed in copies per ml, a concentration comparison study has been performed with a more specific range of DNA present in the sample.
- Symptoms and signs of infection must be present for antibiotic intervention. Colonization is defined as the presence of bacteria when patient is asymptomatic.
- ATA uses a moderate load expressed by the sample as significant for antibiotic intervention for bacterial pathogens. In immune compromised patients or aggressive pathogens, the baseline may be lowered. ATA considers a Moderate Load to be at least 50,000 copies per ml.

NEGATIVE ORGANISMS TESTED

Acinetobacter baumannii, Actinobaculum schaalii, Alloscardovia omnicolens, Candida albicans, Candida auris, Candida glabrata, Candida parapsilosis, Citrobacter freundii, Citrobacter koseri, Corynebacterium riegelii, Enterobacter aerogenes, Enterobacter cloacae, Enterococcus faecalis, faecium, Klebsiella oxytoca, Klebsiella pneumoniae, Morganella morganii, Mycoplasma hominis, Pantoea agglomerans, Proteus mirabilis, Proteus vulgaris, Providencia stuartii, Pseudomonas aeruginosa, Serratia marcescens, Staphylococcus (coagulase negative), Staphylococcus aureus, Streptococcus agalactiae (B), Streptococcus viridans, Ureaplasma urealyticum

NEGATIVE RESISTANCE GENES TESTED

ampC, FOX, ACC, CTX-M1, M2, M9, M8/25, dfr A5, A1, IMP 16, 7, KPC, VIM, mecA, MOX, CMY, BIL, LAT, DHA, OXA 23, 72, 40, 48, Oxa-1, PER1 / PER2, QnrA, QnrB, QnrS, SHV, TEM, VEB, Sul 1, Sul 2, vanA1, A2, B, C

The Urinary Tract Infection lab test panel listed on this report is a laboratory determined test (LDT) and its performance characteristics were determined by the lab. This test has not been cleared or approved by the 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. All testing is performed by American Lab LLC, 1419 W Waters Avenue, Suite 119, Tampa, FL 33604. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. Details of assay performance and algorithms leading to clinical recommendations are available upon request. Detection of organisms collected via brief eSwab is limited to the organisms currently on our validated lab panel in a concentration above our limit of detection. A Not Detected result does not preclude the presence of organisms that are not on the panel or panel organisms below the limit of detection. A result of Detected does not indicate organism viability or concentration. Detected results need to be evaluated in the context of patient history and current signs and symptoms. Detection of an ABR does not mean that organisms detected have the associated ABR. A clean catch urine molecular testing offers the most clinically relevant information for patient management. The use of at-home women's health vaginal creams may affect the results of this test and patients should refrain from their use at least 8 hours prior to sample collection.

Guidance listed in the ATAREPORT™ is based on organisms detected and the gene detected to contribute to the resistance of a specific med class. ATA has developed a platform to predict antibiotic med classes most likely to succeed. Drug allergies will be included when provided by physician. These recommendations are scientific base, evidence based information from known national data sources. ATA recommendations are for educational purposes to help the therapy management choices. Potential CMS Isolation alerts are defined in PCR testing as the "potential and not absolute" presence of the isolation gene. PCR resistance gene detection assist in antibiotic selection. This report is being reviewed by licensed pharmacist and not AI generated.

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DETECTED PATHOGENS

Coagulase-negative staphylococcus (CoNS)	Detected - Low	< 10 ⁴ copies/uL	Gram-positive organism(s), most likely represents resident skin flora. Treatment is generally not warranted. Consider further work up and treatment for CoNS if detected in the setting of surgical site infections, implant/prosthetic related infections, or severe immunosuppression/ nosocomial related infections.
Escherichia coli	Detected - High	> 10 ⁶ copies/uL	
Klebsiella oxytoca	Detected - Medium	10 ⁴ -10 ⁶ copies/uL	Gram-negative organism(s), may be responsible for skin and soft tissue infections (SSTIs). More frequently implicated in chronic wounds and diabetic/immunocompromised patients.
Klebsiella pneumoniae	Detected - High	> 10 ⁶ copies/uL	
Staphylococcus aureus (MSSA)	Detected - Medium	10 ⁴ -10 ⁶ copies/uL	Gram-positive organism(s), commonly responsible for skin and soft tissue infections (SSTIs).

DETECTED RESISTANCE GENES

ErmA	Detected	Confers resistance to macrolides, lincosamides (clindamycin), and streptogramins. Expressed primarily by gram-positive organisms; very rarely associated with gram-negative organisms.
tetB_tetM_tetS	Detected	Confers resistance to tetracyclines. May be expressed by gram-positive and gram-negative organisms.

For polymicrobial infections, detection of disease-causing pathogen(s) and exclusion of non-pathogenic skin flora is dependent on integrity of specimen and collection technique. Superficial swab may not yield accurate results of deeper infection (e.g. deep tissue collection warranted). Practitioner discretion should be utilized to determine pathogenic organism(s); antimicrobial coverage for all detected organisms may not always be necessary.

PHARMD TREATMENT CONSIDERATIONS

Regimens based on organisms most likely to be pathogenic. Microbial load considered when available.

Medication	Dose/Duration	Renal Adjustment	Considerations
Amoxicillin/Clavulanic acid (Augmentin)	875/125 mg PO BID x 7-14 d	CrCl 10-30 mL/min: 500 mg amoxicillin component every 12 hrs CrCl < 10 mL/min: 500 mg amoxicillin component every 24 hrs	Coverage for: Escherichia coli*, Klebsiella oxytoca*, Klebsiella pneumoniae, Staphylococcus aureus (MSSA) • \$16-29 for 14 day course (coupon pricing) • Avoid in PCN allergy
OR			
Cefdinir (Omnicef)	300 mg PO BID x 7-14 d	CrCl < 30 mL/min: 300 mg PO daily	Coverage for: Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, Staphylococcus aureus (MSSA) • \$25-42 for 14 day course (coupon pricing) • Safe to use in most PCN allergies (~5-10% general cross-reactivity), avoid with hx of anaphylaxis to PCN
OR			
Cefpodoxime (Vantin)	400 mg PO BID x 7-14 d	CrCl < 30 mL/min: 400 mg PO daily	Coverage for: Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, Staphylococcus aureus (MSSA) • \$71-129 for 14 day course (coupon pricing) • Safe to use in most PCN allergies (~5-10% general cross-reactivity), avoid with hx of

Medication	Dose/Duration	Renal Adjustment	Considerations
			anaphylaxis to PCN
OR			
TMP/SMX (Bactrim, Septra)	160/800 mg 1-2 tabs PO BID x 7-14 d	CrCl 15-30 mL/min: Reduce dose by 50% CrCl < 15 mL/min: Use not recommended	Coverage for: Escherichia coli*, Klebsiella oxytoca, Klebsiella pneumoniae, Staphylococcus aureus (MSSA) • \$14-24 for 14 day course (coupon pricing) • May cause hyperkalemia (caution with ACEi, ARBs, ARAs) • Avoid in sulfa allergy
OR			
Levofloxacin (Levaquin)	750 mg PO daily x 7-14 d	CrCl 20-49 mL/min: 750 mg PO every other day CrCl 10-19 mL/min: 750 mg PO once followed by 500 mg PO every other day	Coverage for: Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, Staphylococcus aureus (MSSA)* • \$19-24 for 14 day course (coupon pricing) • FQ class-wide warnings include: CNS toxicity, peripheral neuropathy, myasthenia gravis, aortic dissection, tendinopathy, QT interval prolongation, C.difficile colitis

* Displays variable activity vs pathogen

Additional Considerations

Duration of treatment for bacterial SSTIs generally ranges from 7-14 d. Longer durations may be considered in patients with severe disease or with insufficient clinical response. Diabetic infections of lower extremities may be treated for up to 2-4 weeks. In addition, wounds should be evaluated for bone involvement (e.g. osteomyelitis); which likely warrants systemic therapy along with surgical management.

Reviewed by: Max Dudenkov, PharmD
(PS57804)

Date: 6/28/2024

The following regimen(s) are based on generally accepted and peer-reviewed antimicrobial activity of specific agents against detected pathogens, resistance genes, and presumed diagnosis based on specimen source and resulting pathogens. Medication selection, dosages, durations, and considerations are in congruence with clinical practice guidelines (IDSA, CDC, AAP, etc), when guidance is available. Additional patient factors including but not limited to HPI, comorbidities, concomitant medications, etc, should be carefully evaluated in conjunction with listed treatment considerations. Clinical correlation and appropriate medical judgment is warranted prior to prescribing a course of treatment.



Have a question about a report?
Scan the QR code to chat with a
pharmacist or call 904-618-3554.

Disclaimer: Treatment considerations and therapeutic guidance is generated by ChoicePharmD, LLC and is not affiliated with the testing laboratory.

Report ID	XXXXXXX	Patient	XXXXX, XXXXX	DOB	XX/XX/XXXX	Collected	XX/XX/XXXX
Specimen Type	Wound Swab	Provider	XXXXX, XXXXX	Resulted	XX/XX/XXXX	Received	XX/XX/XXXX

Infection Complexity **ARKSCORE™**

LO  HI

Organisms Detected

Common pathogens in bold

- Staphylococcus aureus**

Resistance Detected

None

Antimicrobial Resistance **ARKSCORE™**

LO  HI

No Allergies Reported

OneChoice Drug Info

Nafcillin

Dose Adj ☐ Renal ☒ Hepatic

Interactions Warfarin

Avg Price    

Adverse Reaction **ARKSCORE™**

LO  HI

ONECHOICE®

Nafcillin  12 gm IV daily via cont infusion or 2 gm IV Q4-6H x 4-6 weeks (step down therapy possible) for possible acute osteomyelitis

Alternative Treatment Options with Adverse Reaction ArkScore™

- Cefazolin  **ARKSCORE 2**** 1-2 grams IV Q8H x 4-6 weeks
- Vancomycin IV  **ARKSCORE 4**** 15-20 mg/kg IV Q8-12H initially (AUC dosed) x 4-6 weeks (step down therapy possible)
- Daptomycin  **ARKSCORE 4**** 6-10 mg/kg/Q24H x 4-6 weeks (step down therapy possible)
- Linezolid  **ARKSCORE 4**** 600 mg PO/IV Q12H x 4-6 weeks (step down therapy possible)

° See additional dosing info on OneChoice Plus.

Why is this the OneChoice?

Staph aureus can be pathogenic when found in wound samples. The recommended treatment is optimal as it targets all the concerning microbes. ‡

When should this be treated?

Purulent drainage, warmth, erythema, and induration may indicate infection. Simple skin and soft tissue infections like cellulitis are typically treated for 5 days, with longer durations if needed. Some sources recommend therapy until 3 days after inflammation resolves. Abscesses may require incision and drainage (I&D). Osteomyelitis may need up to 6 weeks of IV antibiotics. Certain infections may require extended treatment. ‡

Are there any special considerations?

Staph aureus may require modified dosing and duration. Staph aureus may lead to infections in other sites of the body, have associated syndromes, or may present differently depending on the clinical scenario. Staph aureus may present as a serious infection, necessitating therapy adjustments. ‡

ONECHOICE® PLUS



Dose adjustments, other drug options, references, translations and support

Infection Control Precautions: ☒ Standard ☒ Contact

* Dosing and duration of treatment based on adult patient, with no medical history, normal BMI, renal and hepatic functions, and minimal time required to treat simple infections. Treatment is directed at common pathogens noted above, and the most commonly associated antibiotic resistance based on genes detected. Resistance is variable and drug failure is possible. Additional microbiology workup and treatment modification may be needed. Visit OneChoice Plus for expanded information.

‡ For education purposes only. This is not a diagnosis. Clinical correlation and physician judgment required when making diagnosis or treatment decisions. Recommendations based on lab results, and limited to specimen source, organisms, resistance, allergies, and ICD10 codes. Patient has not been examined nor their medical history reviewed.

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Report ID	XXXXXXX	Patient	XXXXX, XXXXX	DOB	XX/XX/XXXX	Collected	XX/XX/XXXX
Specimen Type	Wound Swab	Provider	XXXXX, XXXXX	Resulted	XX/XX/XXXX	Received	XX/XX/XXXX

M::DSMATRIX™	1	2	3	4	5	6	7	8	9	10	11	12
Staphylococcus aureus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

✓ Known activity based on current guidelines

✓ Variable activity based on current guidelines

✗ Resistance genes detected

✗ Precluded by reported drug allergy

— No documented activity

1 Trimethoprim-Sulfamethoxazole

Dose Adj ☒ Renal ☐ Hepatic

Interactions ACE inhibitors

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

2 Cephalexin

Dose Adj ☒ Renal ☐ Hepatic

Interactions Metformin

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

3 Amoxicillin/Clavulanate

Dose Adj ☒ Renal ☐ Hepatic

Interactions Allopurinol

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

4 Doxycycline

Dose Adj ☐ Renal ☐ Hepatic

Interactions Cations

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

5 Minocycline

Dose Adj ☐ Renal ☐ Hepatic

Interactions Cations

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

6 Linezolid

Dose Adj ☐ Renal ☒ Hepatic

Interactions SSRI's

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

7 Clindamycin

Dose Adj ☐ Renal ☒ Hepatic

Interactions Baclofen

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

8 Delafloxacin

Dose Adj ☒ Renal ☐ Hepatic

Interactions Cations

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

9 Nafcillin 

Dose Adj ☐ Renal ☒ Hepatic

Interactions Warfarin

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

10 Cefazolin 

Dose Adj ☒ Renal ☐ Hepatic

Interactions None

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

11 Vancomycin IV 

Dose Adj ☒ Renal ☐ Hepatic

Interactions Nephrotoxic agents

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI

12 Ampicillin/Sulbactam 

Dose Adj ☒ Renal ☐ Hepatic

Interactions Allopurinol

Avg Price \$ (\$ (\$ (\$ (\$

Adverse Reaction **ARKSCORE™**

LO  HI


Scan or click to visit **ONECHOICE® PLUS** and see 8 additional treatment options online

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