Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID P000061
Ext ID 26114-0268

Test Patient

Sex: Male • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

RECEIVED
24-Apr-26

CLOSTRIDIOIDES DIFFICILE

Specimen type - Stool, Spot

Collected
12-Jan-25

SERVICE	RESULT	H/L
Clostridium difficile Toxin A	DETECTED	
Clostridium difficile Toxin B	Not Detected	

CLOSTRIDIUM DIFFICILE TOXIN A/B- ELEVATED:

PHYLUM: Firmicutes

DESCRIPTION:

Clostridium difficile is a Gram-positive, anaerobic, spore-forming, toxin-producing bacillus, commonly the cause from antibiotic-associated diarrhoea. Clostridium difficile infection has significant clinical impact especially on the elderly and/or immunocompromised patients. The pathogenicity of Clostridium difficile is mainly mediated by two exotoxins: toxin A and toxin B. Clostridium difficile can present as mild to severe infection with abdominal pain, cramping, diarrhoea, fever, abdominal distention, sepsis, and acute abdominal obstruction and raised inflammatory markers.

TREATMENT SUGGESTIONS:

Stop the offending antibiotic. Asymptomatic patients may not need treatment. Close monitoring is essential with warning signs of deterioration. Repeat faecal toxin testing advised only after 28 days or worsening symptoms, as toxins may still be circulating in the system for up-to 28 days. Use of probiotics may be beneficial.

Mild infections: Oral Metronidazole 500 mg three times daily for 2 weeks.

Methodology

Polymerase Chain Reaction (PCR)

SAMPLE REPORT

NATA Accreditation No. 20770. The current scope of accreditation is available on the NATA website.