



  **RCPA**
The Royal College of Pathologists of Australasia

NATA Accreditation: #20770



Lab ID
Patient ID PAT-100009
Ext ID 25314-0138

Sex: Female • 45yrs • 01-Jan-80
123 Home Street, Test Suburb Vic 3125

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10-Nov-25

Specimen type - Swab-Vaginal

Collected

05-Nov-25

● Firmicutes Phylum ● Proteobacteria Phylum ● Bacteroidota Phylum ● Actinobacteriota Phylum ● Tenericutes Phylum ● Ascomycota Phylum

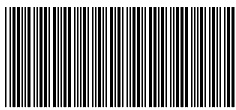
Trichomonas vaginalis

Enterococcus faecalis
Gardnerella vaginalis

Candida albicans
Candida krusei



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Disclaimer: The results of vaginal microbiome analyses are intended for informational and clinical interpretation purposes only. Microbiome testing reflects the composition of microbial communities at the time of sampling and may be influenced by sample collection, handling, storage, and test limitations.

This test is not a standalone diagnostic tool for infection or disease. Clinicians should interpret results in the context of patient symptoms, clinical examination, and complementary laboratory findings.

The laboratory's full scope of accreditation can be accessed via the relevant governing accrediting body's publicly available documentation.

Vaginal Microbiome Comment

VAGINAL pH ELEVATED:

Vaginal pH can be elevated by the presence of pathogenic infection, blood, semen, vaginal medications, using certain soaps and douches. In the absence of the latter, an elevated pH may be the result of decreased serum oestradiol and is suggestive of menopause or hormone imbalance and may require further pathology investigation. The typical vaginal pH is 3.5-4.5. Prepubertal and postmenopausal pH levels are normally >5 pH. With the increase of the oestrogen levels around puberty, the genital mucosa thickens and becomes colonized with Lactobacillus species which produce lactic acid and hydrogen peroxide to lower the pH below 4.5.

BACTERIAL VAGINOSIS PRESENT:

Bacterial Vaginosis (BV) may be asymptomatic or cause symptoms such as itching and malodorous discharge (often thin and white/grey). It is associated with an increased risk of preterm delivery, pelvic inflammatory disease and an increased risk of acquisition of sexually transmitted infections. Risk factors include poor sexual hygiene, cigarette smoking or hormone dysregulation.

AEROBIC VAGINOSIS (AV) PRESENT:

Patients suffering AV may experience vaginal complaints such as abnormal discharge (yellowish), inflammation (redness and swelling), and/or small erosions or ulcerations. If untreated, it can transition into more serious complications (PID, dyspareunia [pain during intercourse], severe UTIs, and/or pregnancy complications). Causes of AV include immune dysregulation, low oestrogen or Vitamin D deficiency.

There is no accepted clinical strategy for treating AV. Treatment with either antiseptic or antibiotic therapy with emphasis on bacteria of faecal origin, whilst ensuring minimal interference with vaginal Lactobacillus species.

VAGINAL CANDIDIASIS (VC):

Candida sp. are both opportunistic fungal pathogens and commensal members of the vaginal microbiome.

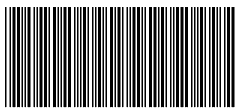
VC is defined by disruption in Lactobacillus dominance (Total Lactobacillus <10⁶ CFU/ml) and high levels of Candida sp. (>10⁵ CFU/ml). VC is predominantly caused by Candida albicans, with other species (C. glabrata, C. krusei, C. tropicalis, C. parapsilosis) also causative, although with milder symptoms.

VC is not associated with elevated vaginal pH levels. It is rare for fungal infections to be present combined with bacterial vaginosis. VC symptoms include itching, discharge (typically white), burning sensation, dysuria (painful urination), dyspareunia (pain during sexual intercourse) and reddening of vaginal tissue due to invasion of the epithelium by Candida species. Asymptomatic vaginal candidiasis is also relatively common and does not require treatment. Risk factors include antibiotic use, poorly controlled diabetes mellitus, low immunity and oestrogen therapies.

ENTEROCOCCUS FAECALIS ELEVATED:

Enterococcus faecalis is a Gram-positive commensal bacterium native to the gastrointestinal tract and an opportunistic pathogen of increasing clinical concern. E. faecalis also colonizes the female reproductive tract, and reports suggest vaginal colonization increases following antibiotic treatment or in patients with AV. While vaginal E. faecalis colonization is normally asymptomatic, certain populations may be at risk for severe disease. AV is defined by disruption in Lactobacillus dominance (Total Lactobacillus <10⁶ CFU/ml), increased pH (>4.5) and the presence of mainly aerobic enteric commensals or pathogens, including Enterococcus faecalis (>10⁵ CFU/ml).

GARDNERELLA VAGINALIS ELEVATED:



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Gardnerella is a part of normal vaginal anaerobic flora but overgrowth can cause Bacterial vaginosis. This is a poly-microbial infection which suppresses dominance of normal vaginal lactobacillus spp. (Total lactobacillus $<10^6$ CFU/ml), presence of clue cells, alkaline vaginal pH (>4.5) and fishy vaginal discharge. BV may be asymptomatic or cause symptoms such as itching and malodorous discharge (often thin and white/grey). It is associated with an increased risk of preterm delivery, pelvic inflammatory disease and an increased risk of acquisition of sexually transmitted infections.

Treatment:

Can be treated after ruling out allergy/pregnancy status: Metronidazole 400 mg orally, 12-hourly for 7 days or Metronidazole 0.75% vaginal gel 1 applicatorful intravaginally at bedtime for 5 nights OR Clindamycin 2% vaginal cream 1 applicatorful intravaginally, at bedtime for 7 nights (If pregnant or allergic to metronidazole)

General advice for along with above treatment as follows:

- Regular salt or warm water only washes (no douching)
- Good Personal Hygiene
- Avoid irritants (soaps/perfumes)
- Use barrier protection during sex

TRICHOMONAS VAGINALIS DETECTED:

Trichomonas vaginalis, a flagellated protozoan parasite and the causative agent of the sexually transmitted disease trichomoniasis. Symptoms include foul-smelling greenish-yellow discharge, dysuria (painful urination), dyspareunia (pain during sexual intercourse) and burning sensation in the area of the cervix. Post-coital bleeding has also been reported as an occasional symptom. Depending on the extent of disease, significant signs of inflammation are often found on clinical examination of the vulva and/or cervix. Even asymptomatic infections should be treated and must always include the patients partner/sexual contacts.

This organism may be classified as a notifiable pathogen. Confirmation has been performed through repeat testing and/or verification on a secondary platform, where required. The result will be reported to the relevant Department of Health in accordance with statutory requirements. For specific state-based notification obligations, please refer to your local public health authority.

CHLAMYDIA TRACHOMATIS – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

NEISSERIA GONORRHOEAE – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

HERPES SIMPLEX VIRUS Type 1 – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

HERPES SIMPLEX VIRUS Type 2 – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

TOTAL LACTOBACILLUS LEVELS LOW:

Total Lactobacillus quantification should be $> 1 \times 10^6$ CFU/ml in a healthy Vaginal Microbiome. Production of H₂O₂ by Lactobacillus species is essential in inhibiting the overgrowth of pathogens. In cases where total Lactobacillus levels are low, presence of pathogenic bacteria



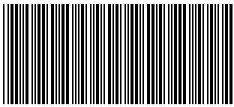
NUTRIPATH • PATIENT REPORT

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should be reviewed and probiotic therapy should be considered. Microorganisms not belonging to the Lactobacillus genus with the population equal to or greater than 1×10^5 CFU/ml is considered to be disturbing the vaginal ecosystem equilibrium.

Methodology

pH Electrode, Quantitative PCR (qPCR), Polymerase Chain Reaction (PCR)