





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

Lab ID Patient ID PAT-100009 **Ext ID** 25283-0024

Test Patient

Sex: Female • 45yrs • 01-Jan-80 123 Home Street, Test Suburb Vic 3125 RECEIVED 10-Oct-25

ORAL MICROBIOME MAPPING Collected Specimen type - Saliva 05-Oct-25 **UNITS TEST RESULT** H/L **REFERENCE** рН 6.4 L (6.7-7.3)**OPPORTUNISTIC BACTERIA TEST RESULT** H/L **REFERENCE UNITS Campylobacter rectus** <DL (<1.00)x10⁶ CFU/ml Capnocytophaga gingivalis 6.30 Н (<3.00)x10⁴ CFU/ml (<1.00) **Enterococcus faecalis** <DL x10³ CFU/ml Fusobacterium nucleatum <DL (<4.00)x10⁶ CFU/ml Parvimonas micra <DL (<4.00)x10⁶ CFU/ml Peptostreptococcus anaerobius <DL (<5.00) x10⁶ CFU/ml Prevotella intermedia <DL (<5.00) x10⁶ CFU/ml 2.10 Н (<1.00) x10⁵ CFU/ml Streptococcus mutans PATHOGENIC BACTERIA **TEST RESULT** H/L **REFERENCE UNITS** A. actinomycetemcomitans <DL (<1.00)x10⁵ CFU/ml <DL (<4.00)Porphyromonas gingivalis x10^6 CFU/ml Tannerella forsythia <DL (<3.00)x10⁴ CFU/ml 2.20 Н (<2.00)Treponema denticola x10⁴ CFU/ml Staphylococcus aureus <DL (<1.00)x10⁵ CFU/ml Н (<1.00) Pseudomonas aeruginosa 1.15 x10⁶ CFU/ml **Acinetobacter species** 2.20 Н (<1.00)x10⁴ CFU/ml <DL (<1.00) Haemophilus species x10⁸ CFU/ml **MYCOLOGY** REFERENCE **TEST RESULT** H/L **UNITS** Candida albicans 3.30 (<1.00) x10⁶ CFU/ml Candida species (<1.00) <DL x10⁶ CFU/ml **NORMAL ORAL FLORA TEST RESULT** H/L **REFERENCE UNITS** Streptococcus salivarius 8.00 (>5.00) x10^7 CFU/ml Lactobacillus species 0.37 L (>1.00)x10⁵ CFU/ml 🥮 Proteobacteria Phylum 🔵 Bacteroidota Phylum 🧶 Firmicutes Phylum 🧶 Fusobacteriota Phylum 🌑 Spirochaetota Phylum 👝 Ascomycota Phylum





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Oral Microbiome Comments:

LOW ORAL pH:

A low saliva pH is associated with increased risk of dental decay, halitosis and periodontitis and may indicate acidemia. Chronic acidemia can be a causative factor for a multitude of diseases affecting the whole body. Reduce consumption of acidic foods, increase water intake and review oral hygeine and health. Further investigation from a oral health specialist may be required.

ELEVATED CAPNOCYTOPHAGA GINGIVALIS:

C. gingivalis is a facultatively anaerobic bacteria constituting part of the oral microflora, but can be considered a opportunistic pathogen. Elevation is linked with increased risk of gingivitis, periodontitis can cause bacteremia in imunocompromised patients.

ELEVATED STREPTOCOCCUS MUTANS:

Streptococcus mutans is the primary etiological agent of dental decay. Elevation indicates a high risk of developing caries. The oral cavity can serve as a reservoir for systemic dissemination of pathogenic bacteria and their toxins, leading to infections and inflammation in distant body sites. Elevated levels have also been implicated in extra-oral conditions such as cardiovascular diseases, in adverse pregnancy outcomes, Inflammatory Bowel Disease or Colorectal Cancer.

ELEVATED TREPONEMA DENTICOLA:

Treponema denticola is one of the main pathogenic agents associated with periodontitis. The oral cavity can serve as a reservoir for systemic dissemination of pathogenic bacteria and their toxins, leading to infections and inflammation in distant body sites. Elevated levels have been implicated in extra-oral conditions such cardiovascular diseases, in adverse pregnancy outcomes or Organ Abscesses.

ELEVATED PSEUDOMONAS AERUGINOSA:

Dental plaque has been shown to serve as a reservoir for respiratory pathogens, fostered by poor oral hygiene and periodontal diseases. Elevated Oral Colonization of Pseudomonas aeruginosa has been associated with increased rick of respiratory illnesses.

ACINETOBACTER SPECIES ELEVATED:

Dental plaque has been shown to serve as a reservoir for respiratory pathogens, fostered by poor oral hygiene and periodontal diseases. Elevated Oral Colonization of Acinetobacter species has been associated with increased risk of respiratory illnesses.

ELEVATED CANDIDA ALBICANS:

The presence of Candida species in the oral cavity is usually found to be positively correlated with poor oral hygiene and high carbohydrate intake. Elevated levels of Candida species have been associated with increased risk of dental caries and nosocomial pneumonia. Elevated levels of Candida, alongside symptoms of white lesions on tongue or cheeks, redness or burning of gums, tongue and cheeks, bleeding and/ or loss of taste may indicate oral candidiasis (thrush). Treatment advice from an Oral Health Specialist should be followed and may include oral antifungals, salt-water rinses, use of probiotics and adjustment of diet to avoid alcohol, sugars and foods which contain mould and yeasts.

LOW LACTOBACILLI SPECIES:

The presence of Oral Lactobacillus reduces pathogenic bacteria population; supports tooth and gum health by improving resistance to cavities; produces sufficient hydrogen peroxide to kill certain bacterial species; and improves halitosis. Low levels increase risk of infections and dental health conditions. Probiotic bacteria can be reintroduced into your oral cavity by taking oral probiotic supplements. Low Lactobacillus levels may also indicate gut microbiome imbalance. Further investigation may be considered.

ACCREDITATION SCOPE: Please note that the above test is currently not under the laboratory's scope of accreditation.



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Methodology

pH Electrode, Quantitative PCR (qPCR)