



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

Lab ID
Patient ID P029036
Ext ID 26060-0001

Test Patient

Sex: Female • 16yrs • 01-Jan-10
123 Test Street, Burwood Victoria 3125

RECEIVED
01-Mar-26

PAEDIATRIC-Biome (3 - 17y)

Specimen type - Stool

Collected

15-Feb-26

MACROSCOPIC EXAMINATION		OCCULT BLOOD	
TEST	RESULT	TEST	INTERPRETATION
Stool Colour	Brown	Occult Blood	Negative
Stool Form	Semiformed		
Mucous	Absent		

GIT FUNCTIONAL MARKERS					
TEST	RESULT	H/L		REFERENCE	UNITS
Calprotectin	<5.0			(<100.0)	ug/g
b-Glucuronidase	3033			(100-8000)	U/g
Pancreatic Elastase 1	370			(>200)	ug/g
pH	7.1			(5.5-7.5)	
Secretory IgA	1374			(200-1400)	ng/mL
Steatocrit	2.0			(<15.0)	%
Transglutaminase IgA	1.0			(<100.0)	ug/g
Zonulin	54			(<150)	ng/mL

Short Chain Fatty Acids						
Test	Result	H/L		Reference	Units	
Short Chain Fatty Acids, Beneficial	73.5			(>13.0)	umol/g	
Acetate	68.30			(45.00-72.00)	%	
Butyrate	10.80			(9.00-33.00)	%	
Propionate	18.90			(0.00-30.00)	%	
Valerate	2.00			(0.70-5.50)	%	

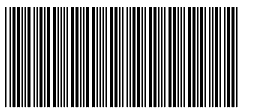
Important Biochemical Functions										
Test	Result	H/L						Reference	Units	
Ammonia/Urease Production	0.2110								(<0.5000)	%
Histamine Production	0.0990								(<1.0000)	%
Lipopolysaccharides (LPS) Production	1.0157								(<6.5000)	%
Sulphate Production	0.4050								(<3.0000)	%



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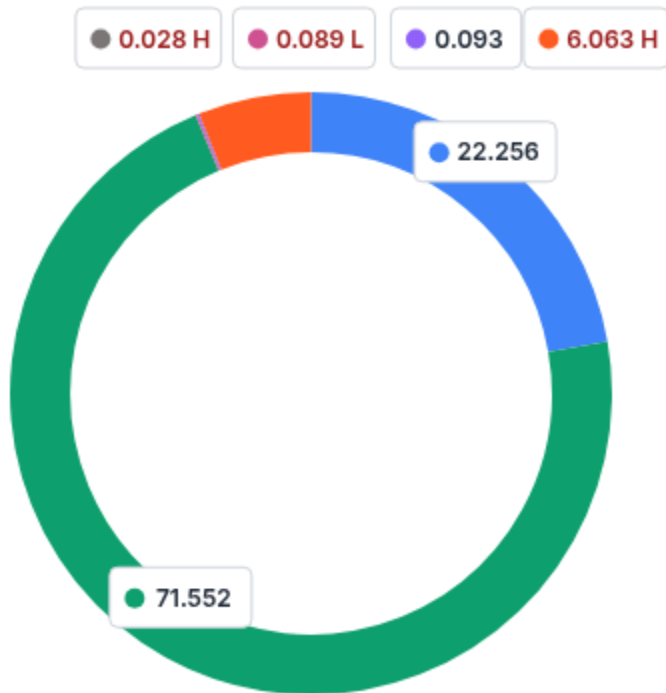
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MICROBIOTA PHYLA

TEST	RESULT	H/L		REFERENCE	UNITS
● Actinobacteria Phylum	0.089	L		(0.100-15.000)	%
● Bacteroidetes Phylum	22.256			(22.000-58.000)	%
● Euryarchaeota Phylum	0.028	H		(<0.020)	%
● Firmicutes Phylum	71.552			(35.000-70.000)	%
● Proteobacteria Phylum	6.063	H		(0.200-8.500)	%
● Verrucomicrobia Phylum	0.093			(0.050-4.000)	%

Your Phyla



Healthy Phyla

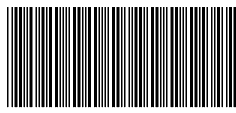


GUT MICROBIAL DIVERSITY

TEST	RESULT	H/L		REFERENCE	UNITS
Shannon Diversity Index	4.51	H		(2.00-4.20)	
Simpson Diversity Index	0.97			(0.75-0.98)	

MICROBIOTA RATIOS

TEST	RESULT	H/L	REFERENCE	UNITS
Firmicutes/Bacteroidetes ratio	3.21		(<3.80)	ratio
Fus. nucleatum/Faec. prausnitzii ratio	N/A		(<2.50)	ratio
Gram-Positive/Gram-Negative ratio	0.16		(<2.30)	ratio
Prevotella/Bacteroides ratio	N/A		(<0.70)	ratio
Proteobacteria/Actinobacteria	67.87	H	(<16.00)	ratio



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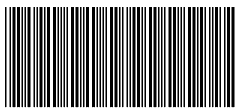
Blastocystis Subtypes	
TEST	RESULT
Subtype 1	Negative
Subtype 2	POSITIVE
Subtype 3	Negative
Subtype 4	Negative
Subtype 5	Negative
Subtype 6	Negative
Subtype 7	Negative
Subtype 8	Negative
Subtype 9	Negative

HELMINTHS	
TEST	RESULT
Ancylostoma species Hookworm	Not Detected
Ascaris species, Roundworm	Not Detected
Enterobius vermicularis, Pinworm	Not Detected
Hymenolepis spp, Tapeworm	Not Detected
Necator americanus, Hookworm	Not Detected
Strongyloides spp, Roundworm	Not Detected
Taenia species, Tapeworm	Not Detected
Trichuris trichiura, Whipworm	Not Detected

VIRUSES	
TEST	RESULT
Adenovirus 40/41	Not Detected
Astrovirus (hAstro)	Not Detected
Norovirus GI/II	Not Detected
Rotavirus A	Not Detected
Sapovirus (I,II,IV,V)	Not Detected

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TEST	RESULT	H/L		REFERENCE	UNITS
Enterococcus gallinarum	<DL			(<0.010)	%
Escherichia coli	0.016			(<3.000)	%
Fusobacterium nucleatum	<DL			(<0.010)	%
Fusobacterium ulcerans	<DL			(<0.010)	%
Klebsiella oxytoca	<DL			(<0.040)	%
Klebsiella pneumoniae	<DL			(<0.150)	%
Methanobrevibacter smithii	0.027	H		(<0.020)	%
Morganella morganii	<DL			(<0.010)	%
Proteus mirabilis	<DL			(<0.010)	%
Providencia rettgeri	<DL			(<0.010)	%
Pseudoflavonifractor capillosus	0.035	H		(<0.030)	%
Pseudomonas aeruginosa	<DL				%
Staphylococcus aureus	<DL			(<0.400)	%
STREPTOCOCCUS TOTAL	0.095	H		(<0.800)	%
Streptococcus agalactiae	<DL			(<0.010)	%
Streptococcus anginosus	<DL			(<0.010)	%
Streptococcus dysgalactiae	<DL			(<0.010)	%
Streptococcus mutans	<DL			(<0.010)	%
Streptococcus pyogenes	<DL			(<0.010)	%
Streptococcus salivarius	0.095	H		(<0.050)	%
Streptococcus suis	<DL			(<0.010)	%
Veillonella parvula	<DL			(<0.150)	%

● Actinobacteria Phylum ● Bacteroidetes Phylum ● Euryarchaeota Phylum ● Firmicutes Phylum ● Proteobacteria Phylum ● Verrucomicrobia Phylum

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SEMI-FORMED STOOL:



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More clinically relevant if constipation, hard stools, or slow transit features are present. Interpret in context and alongside other microbiome and inflammatory markers.

- Correlate with stool frequency/form and constipation history
- Interpret longitudinally to confirm persistence
- Consider broader dietary and motility assessment in symptomatic children

- Correlate with symptoms, antibiotic/infection history, and inflammatory markers
- Interpret with butyrate-producer profile and diversity
- Consider longitudinal follow-up to confirm persistence

No action required in isolation

More consistent with Proteobacteria expansion and reduced anaerobic resilience.



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Consider follow-up if persistent and symptomatic

Correlate with symptoms and immune stressors

Correlate with constipation phenotype; consider follow-up if clinically useful

Normal within variation. Interpret in the context of overall diversity and symptoms.



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Suggestions:

Review diet only if markedly dominant or symptoms are present

STREPTOCOCCUS TOTAL ELEVATED:

Phylum: Bacillota (Firmicutes)

Age group: 3–17 years

What this represents at this age:

Higher total streptococcal signal in stool typically reflects oral-source contribution, dietary exposures, or reduced anaerobic resilience.

Clinical significance:

Supportive marker of a facultative-dominant pattern when paired with reduced diversity and symptoms.

Clinical interpretation note:

Not diagnostic in isolation; interpret in context.

Suggestions:

- Review oral health, antibiotics, and symptoms
- Consider follow-up if persistent and clinically relevant

Parasites/Worms Comment

BLASTOCYSTIS HOMINIS ELEVATED:

Organism Type: Anaerobic protozoan

Age group: 3–17 years

What this represents at this age:

Often acquired through travel, contaminated food/water, or environmental exposure. May coexist with altered microbial diversity.

Clinical significance:

In adolescents, certain strains have been associated with bloating, altered bowel habits, and low-grade inflammatory responses. Clinical impact is strain and host-dependent.

Clinical interpretation note:

Assess symptom burden, inflammatory markers, and overall microbiome balance before initiating treatment.

Suggestions:

- Treat if persistent GI symptoms present
- Optimise microbiome diversity
- Support gut barrier function if required

Methodology

Automated Chemistry/Immunochemistry, Chemiluminescence Immunoassay (CLIA), Enzyme-Linked Immunosorbent Assay (ELISA), Microscopy, Fluorescence Enzyme Immunoassay (FEIA), pH Electrode, Gas Chromatography-MS (GC/MS), Metagenomic Next Generation Sequencing (mNGS), Quantitative PCR (qPCR), Polymerase Chain Reaction (PCR)