ARUP LABORATORIES
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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB	8/26/1942
Gender:	Male
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

Acid-Fast Bacillus (AFB) Culture and AFB Stain

ARUP test code 0060152

Collected: 00/00/0000 00:00 MT
Started: 00/00/0000 00:00 MT

Source: **Source Not Specified**

Body Site: **Lower Back**

Free Text Sources: **MEDICAL DEVICE**

Stains/Preparations

Acid Fast Stain

2+ Acid fast bacilli seen

Final Report

Culture POSITIVE for
Mycolicibacterium (Mycobacterium) fortuitum complex
Identification by MALDI-TOF
This test was developed and its performance characteristics
determined by ARUP Laboratories. It has not been cleared or
approved by the U.S. Food and Drug Administration.
This test was performed in a CLIA-certified laboratory and
is intended for clinical purposes.

Susceptibility Results

Organism: Mycolicibacterium (Mycobacterium) fortuitum complex

Amikacin	Interpretation: **SUSCEPTIBLE** MIC (ug/mL): **<=1**
Cefoxitin	Interpretation: **INTERMEDIATE** MIC (ug/mL): **32**
Ciprofloxacin	Interpretation: **SUSCEPTIBLE** MIC (ug/mL): **<=0.12**
Clarithromycin	Interpretation: **RESISTANT** MIC (ug/mL): **>=32**
Doxycycline	Interpretation: **SUSCEPTIBLE** MIC (ug/mL): **<=0.12**

S=Susceptible, I=Intermediate, R=Resistant, NonS=Nonsusceptible, IND=Indeterminate, SDD=Susceptibility is dose dependent, None=Interpretive guidelines are not available

H=High, L=Low, *=Abnormal, C=Critical

Imipenem	Interpretation: **SUSCEPTIBLE**
	MIC (ug/mL): **2**
Linezolid	Interpretation: **SUSCEPTIBLE**
	MIC (ug/mL): **<=1**
Moxifloxacin	Interpretation: **SUSCEPTIBLE**
	MIC (ug/mL): **<=0.016**
Tigecycline	MIC (ug/mL): **0.25**
Trimethoprim/Sulfamethoxazole	Interpretation: **SUSCEPTIBLE**
	MIC (ug/mL): **<=0.25/4.8**

Interpretive Information Interpretation: **SEE NOTE**

Significant infections caused by rapidly growing mycobacteria should not be treated with clarithromycin alone. Updated CLSI guidelines (M24, 3rd ed. 2018). For phenotypic detection of inducible resistance, the final clarithromycin reading should be at 14 days. Species and subspecies that are known to have a non-functional or absent "erm" gene and therefore are expected to be susceptible to clarithromycin are: M. abscessus subsp. massiliense, M. chelonae, M. immunogenum, M. mucogenicum group, M. peregrinum, and M. senegalense.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Acid-Fast Bacillus (AFB) Culture and AFB Stain	22-326-127155	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

S=Susceptible, I=Intermediate, R=Resistant, NonS=Nonsusceptible, IND=Indeterminate, SDD=Susceptibility is dose dependent, None=Interpretive guidelines are not available

H=High, L=Low, *=Abnormal, C=Critical