

GASTROINTESTINAL PCR TESTING

GI Test Menu

BACTERIA

- Campylobacter jejuni, coli, upsaliensis
- Clostridioides difficile toxin A/B
- Enteraggregative Escherichia coli (EAEC)
- Enteroinvasive Escherichia coli (EIEC)
- Enteropathogenic Escherichia coli (EPEC)
- Enterotoxigenic Escherichia coli (ETEC)
- Escherichia coli O157
- Plesiomonas shigelloides
- Salmonella spp.
- Shigatoxic/Enterohemorrhagic Escherichia coli (STEC/EHEC)
- Vibrio cholerae
- Vibrio cholerae, parahaemolyticus, vulnificus
- Yersinia enterocolitica

VIRUS

- Adenovirus F40/41
- Astrovirus
- Norovirus GII
- Rotavirus A
- Sapovirus GI, GII , GIV
- Sapovirus GV

PARASITES

- Cryptosporidium spp.
- Cyclospora cayetanensis
- Entamoeba histolytica
- Giardia lamblia

How will PCR testing benefit my patients?

In a study of over 15,000 patients, patients tested via PCR were:

- 12.5% less likely to undergo an endoscopy
- 7.3% less likely to undergo abdominal imaging
- 11.4% less likely to be prescribed antibiotics
- PCR testing resulted in 29.2% of positive cases versus 4.1% with conventional stool tests
- A large number of patients were also able to avoid antibiotic prescribing following PCR testing

In a study of 150 outpatients:

- 106 patients had pathogens identified via PCR vs 21 with conventional testing methods
- Conventional testing missed 54% of all pathogens and did not detect any viral or diarrheagenic *E. coli* infections
- GI PCR testing identified enteric viruses and pathogenic strains of *E. coli* that other methods failed to detect.