

FINAL REPORT



ORARISK® CARRIES



7400 Flying Cloud Drive
Ste 150
Eden Prairie, MN 55344

Phone: 855-672-5362
Fax: 952-942-0703

oraldna.com

CLIA#: 24D1033809
CAP#: 7190878



SAMPLE, REPORT

Date of Birth: 08/17/2000 (24 yrs)

Gender: Male

Patient ID: Test Site A

Patient Location:

ORDERING PROVIDER

Ronald McGlennen MD
7400 Flying Cloud Drive
Ste 150
Eden Prairie, MN 55344
855-672-5362

SAMPLE INFORMATION

Specimen#: 5820002150

Accession#: 202501-O5688

Specimen: Oral Rinse(P)

Collected: 01/04/2025

Received: 01/05/2025

Reported: 01/06/2025 15:47

Sample, Report

Date of Birth: 08/17/2000 (24 yrs)

Gender: Male

Patient ID: Test Site A

Patient Location:

Ordering Provider

Ronald McGlennen MD
7400 Flying Cloud Drive
Ste 150
Eden Prairie, MN 55344
855-672-5362

Specimen#: 5820002150

Accession#: 202501-05688

Specimen: Oral Rinse(P)

Collected: 01/04/2025

Received: 01/05/2025

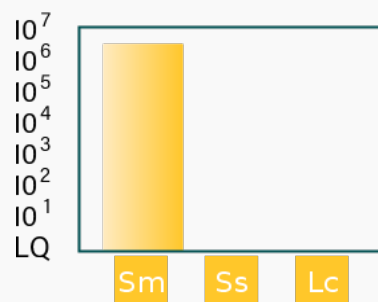
Reported: 01/06/2025 15:47

MOLECULAR DETECTION OF CARIES RISK PATHOGENS

Reason for Testing: Patient with Known Risk Factors
Dental History: Dry Mouth, Eating Disorder (i.e. anorexia, bulimia)
Related Info: Not Provided

Bacteria	Test Result
Streptococcus mutans	Detected
Streptococcus sobrinus	Not Detected
Lactocaseibacillus casei	Not Detected

➔ CARIES RISK PATHOGENS



SUMMARY OF RESULTS

Interpretation:

S. mutans has been detected in this sample. The combined amounts of these pathogens indicates a HIGH RISK of the development and progression of dental caries.

Significance:

The detection of S. mutans DNA indicates presence of these organisms in the oral cavity. This is an indicator of a change in the oral microbiome, which typically leads to the creation of an acidic environment, a contributing factor in caries formation.

Methodology: Genomic DNA is extracted from the submitted sample and tested for 3 species of bacteria [Streptococcus mutans, Streptococcus sobrinus, Lactocaseibacillus casei]. Bacterial DNA is assayed using CoPrimer(TM) based oligonucleotides and real-time quantitative polymerase chain reaction (qPCR). Bacterial levels are represented in genome copies per mL of sample. Risk ranges were derived from patient testing: Low risk (0 copies/mL); Moderate risk (1×10^1 to 19.999×10^3 copies/mL); High risk (greater than 19.999×10^3 copies/mL). The analytical and performance characteristics of this laboratory-developed test (LDT) were determined by OralDNA Labs pursuant to Clinical Laboratory Improvement Amendments (CLIA 88) requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Ronald C. McGlennen

Ronald McGlennen MD, FCAP, FACMG, ABMG
Medical Director

Sample, Report

Date of Birth: 08/17/2000 (24 yrs)

Gender: Male

Patient ID: Test Site A

Patient Location:

Ordering Provider

Ronald McGlennen MD
7400 Flying Cloud Drive
Ste 150
Eden Prairie, MN 55344
855-672-5362

Specimen#: 58200002150

Accession#: 202501-05688

Specimen: Oral Rinse(P)

Collected: 01/04/2025

Received: 01/05/2025

Reported: 01/06/2025 15:47

CARIES RISK FACTORS

Bacterial Risk = HIGH

S. mutans in plaque convert dietary sugar into acid. This acid erodes the hard tissues of the teeth (enamel, dentin, and cementum). The result of HIGH RISK is based on the quantity of these bacteria present in the sample. Efforts to reduce the level of these bacteria will lower the risk of future dental caries.



HIGH



Oral Care

Poor oral hygiene and infrequent dental checkups are risk factors for the build up of plaque on teeth that hold caries-causing bacteria. Tooth brushing with fluoridated toothpaste, along with flossing are a mainstay of good oral health.



Patient History

The best predictor of the risk for future dental caries is a past history of cavities. One's personal history is influenced by inherited genetic factors, home and work environments and changes in life/health status such as orthodontics, pregnancy, and chronic diseases like diabetes.



Diet

Caries is caused by the metabolism of sugars into acid. Foods high in sugar should be avoided. This includes soft drinks, candy, and other sweets including processed carbohydrates. These foods increase both the amount of bacteria present and the amount of acid produced.

Treatment Considerations:

- Follow-up testing for OraRisk Caries of HIGH RISK is recommended every 3 to 6 months
- Efforts to improve oral hygiene are essential for prevention of caries which include frequent tooth brushing with fluoridated toothpaste, flossing to remove food particles and the regular use of a fluoride rinse
- Maintaining a diet low in sugary foods will reduce the amount of acid-producing bacteria. Additionally, frequently drinking water will cleanse the mouth and lower the amount of oral bacteria
- Regular professional dental cleaning to remove plaque is essential. In some cases, the use of dental sealants will lessen the risk of plaque formation
- Maintaining a neutral pH in the mouth with the use of arginine bicarbonate and calcium carbonate may prevent demineralization of enamel
- Oral health supplements such as xylitol gum, prebiotics, probiotics and potentially, antimicrobials, can reduce or eliminate cariogenic bacteria
- Early repair of small cavities is the best approach to preventing more aggressive or severe tooth decay