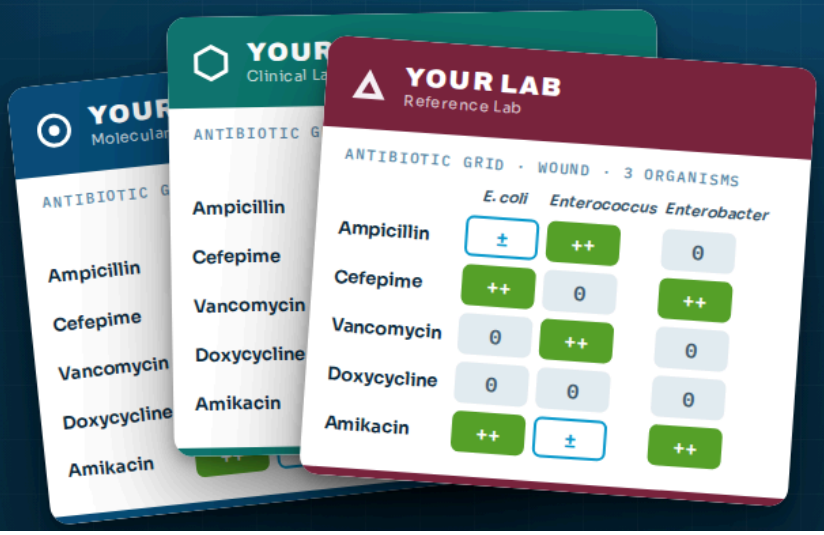
WHITE-LABEL ANTIBIOTIC REPORTING

Your panel. Your brand. Your report.

A prescriber-ready antibiotic grid, configured to your assay and sent under your lab's name.



CORE-ABR turns your molecular panel into a prescriber-ready antibiotic grid — configured to your assay, branded as your lab, and run inside your building. More than 50 antibiotics graded against every organism in the specimen, with detected resistance genes and site of infection applied to each cell. Every grade can be explained. Every report goes out under your name.

Configured to your lab

YOUR REPORT, NOT OURS

Your brand
Your lab's name, logo and colors on every report. Not ours.

Your panel
Organisms, gene channels and drug grid configured to your assay. It never shows a target you don't run.

Your delivery
Email and fax to the ordering provider, built into the platform.

Your building
The engine runs in your environment. Patient data doesn't have to leave.

Your revenue
A running worklist of samples submitted without an ICD-10 code, caught at accessioning instead of at appeal.

It reasons. It doesn't look up.

DE-IDENTIFIED PRODUCTION GRIDS

• KPC DETECTED · URINE

Three of four cover KPC. One doesn't.

Ceftazidime-avibactam	++	Avibactam inhibits KPC
Meropenem-vaborbactam	++	Vaborbactam inhibits KPC
Imipenem-relebactam	++	Relebactam inhibits KPC
Ceftolozane-tazobactam	0	Tazobactam does not inhibit KPC

Most engines grade all four identically — same class.

S. epidermidis · no β-lactamase gene

A negative panel is not a green light.

Penicillin G / VK	0
Amoxicillin	0
Ampicillin	0
Amoxicillin-clavulanate	+
Ampicillin-sulbactam	+

blaZ isn't on the panel, so penicillins read 0 — and inhibitors restore activity.

WOUND · 3 ORGANISMS

One column per organism.

	E. coli	*Enterococcus*	*Enterobacter*
Ampicillin	±	++	0
Cefepime	++	0	++
Vancomycin	0	++	0
Doxycycline	0	0	0
Amikacin	++	±	++

Same drug, three answers. tet genes zero doxycycline across the row.

++ Active, preferred · + Active · ± Variable · 0 Inactive · – Not applicable at site

50+ AGENTS · 24 CLASSES

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Utilized by clinical laboratories · Nequals1@corehealthsolution.com

Book a 15-minute walkthrough →

Decision support only. The treating clinician decides. Molecular genotype does not replace phenotypic susceptibility testing, culture, or public-health reporting. Absence of a detected resistance gene does not establish susceptibility. Grids shown are de-identified columns from production reports.

THE P.A.C.T. REPORT

An antibiogram and a PharmD report. In one.

P.A.C.T. — Pathogen Assessment & Clinical Treatment. Many labs send a molecular result and a separate PharmD-style report. P.A.C.T. puts them in one document for the ordering clinician, under your lab's name.

What the ordering clinician sees

DE-IDENTIFIED SAMPLE · YOUR BRANDING

YOUR LAB — PACT · Pathogen Assessment & Clinical Treatment

Accession [redacted] · Patient [redacted] · DOB [redacted]
Sample **Surface swab** · Site **Right lateral ankle** · Ordering [redacted]

1 REASON FOR TEST — ICD-10 written out

Chronic non-pressure ulcer — right ankle, fat layer exposed `L97.312`

2 PATHOGENS DETECTED — Load + Ct, not just positive

- ***Enterococcus* species** HIGH >1.0×10⁶ GCE/mL · Ct 19.78
- ***Staphylococcus epidermidis*** HIGH >1.0×10⁶ GCE/mL · Ct 20.80
- ***Staphylococcus aureus*** HIGH >1.0×10⁶ GCE/mL · Ct 21.48

Resistance genes: **mecA/mecC**, **tetB/tetM**

3 PATHOGEN SUMMARIES — Colonizer vs cause

Staphylococcus epidermidis	Common skin colonizer; device-associated infections possible. Treat only if significant clinical evidence or hardware involvement.

4 THERAPY BY SCENARIO — Oral preferred · duration

Scenario	1st line	Alt 1	Alt 2	Duration
Uncomplicated cellulitis/wound (mild, outpatient)	■			7–10 d
Purulent SSTI or MRSA concern	■			7–10 d
Systemic signs / deep infection / device	■			10–14 d

YOUR LAB — Molecular Report

TARGET	CT	LOD	CYCLES > LOD	DETAIL
POSITIVE MICROORGANISMS				
Enterococcus species	19.78	31.80	12.00	HIGH
Staphylococcus epidermidis	20.80	31.10	10.30	HIGH
Staphylococcus aureus	21.48	31.50	10.00	HIGH
POSITIVE ANTIBIOTIC RESISTANCE				
mecA / mecC	DETECTED			MRSA / β-lactam resistance
tetB / tetM	DETECTED			Ribosomal protection / efflux

TESTED BUT NOT DETECTED · EXCERPT

Pseudomonas aeruginosa · Klebsiella pneumoniae/oxytoca · Streptococcus pyogenes · Proteus mirabilis/vulgaris · Candida albicans · KPC/SHV · CTX-M · Class B MBL · OXA · AmpC · Vancomycin · ermB/ermC · +22 more

1 Reason for test, written out

The submitted ICD-10 code printed with its plain-English meaning, so the clinician sees why the test was ordered at a glance.

2 Pathogens detected, at the top

Each organism with a load band, gene copies per mL and Ct value, plus the resistance genes found, before anything else.

3 Pathogen summaries

A short clinical note per organism, including when a detected organism is a likely skin colonizer rather than the cause.

4 Therapy by scenario

Coverage options for each clinical scenario, from mild outpatient to systemic, with oral agents preferred and a suggested duration.

5 Complete antibiogram

56 antibiotics in 14 classes, graded per organism for this specimen and site.

6 Molecular page with LOD

Ct, limit of detection and cycles above LOD for every target, mechanism labels for each gene, and every target tested but not detected.

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MORE LAYERS OF LOGIC

Every factor, before a drug is called.

Accuracy isn't one feature. It's every factor that has to be right before a drug is graded: the organism, the resistance it can actually carry, the site of infection, whether the drug is indicated there, and how much organism is present.

Typical molecular report vs P.A.C.T.

WHAT THE CLINICIAN GETS

	TYPICAL MOLECULAR REPORT	P.A.C.T. · CORE-ABR
Reason for test	ICD-10 code, if printed at all	Code plus its meaning, written out
Organism detection	Positive / negative	Load band, copies/mL and Ct for each organism
Limit of detection	Not shown	LOD and cycles above LOD for every target
Resistance genes	Applied to every organism on the panel	Applied only to organisms known to carry them
Site of infection	Not considered	Every drug graded for the specimen site
Clinically indicated	Every drug listed	Drugs not indicated for that site are removed
Therapy guidance	Separate PharmD report, if any	Options by scenario, oral preferred, with duration
Negative results	Omitted	Every target tested but not detected, listed

Resistance moves the right cells, and spares the rest

FROM THE DE-IDENTIFIED SAMPLE

MECA/MECC + TETB/TETM DETECTED · WOUND

***Staphylococcus aureus* column**

Oxacillin	0	mecA
Cefazolin	0	mecA
Amoxicillin-clavulanate	0	mecA
Ceftaroline	+	anti-MRSA β-lactam
Doxycycline	0	tetB/tetM
Minocycline	0	tetB/tetM
Omadacycline	+	spared
Tigecycline	+	spared
TMP-SMX	+	
Vancomycin	+	

mecA removes the β-lactams a PBP2a change defeats — oxacillin, cefazolin, amoxicillin-clavulanate — and keeps **ceftaroline**, the β-lactam built for MRSA.

tetB/tetM removes doxycycline and minocycline, and keeps **omadacycline** and **tigecycline**, which those mechanisms don't defeat.

A report that applies every detected gene to every drug in a class would have zeroed the options this one keeps on the page.

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