



DEEPCARE

AT-HOME KIT

# GI MAP

A stool panel that names what is in your gut. Pathogens, virulence factors, opportunists, commensals, and the inflammation markers that hint at what they are doing.

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PRICE

TURNAROUND

SAMPLE

CHF 399

21 days

Stool

## WHAT THIS MEASURES

# 66 markers across pathogens, commensals and inflammation.

GI MAP uses qPCR. Quantitative DNA detection. To name the organisms in a single stool sample down to species and, for the clinically important ones, down to the genes that make them risky. It then layers 8 inflammation and mucosal-function markers plus a zonulin add-on on top, so the same report shows both who is there and how the gut is reacting. Sixty-six markers in one collection.

### Pathogens & virulence factors

H. pylori (with CagA, VacA and other virulence-factor genes), C. difficile toxins A and B, pathogenic E. coli strains, Salmonella, Shigella, Yersinia.

### Parasites & yeasts

Giardia, Cryptosporidium, Blastocystis, Entamoeba, Candida albicans, other Candida species, microsporidia.

### Opportunists & overgrowth

Klebsiella, Proteus, Pseudomonas, Streptococcus, Citrobacter, Methanobrevibacter (the methane producer behind a lot of IMO-pattern bloating).

### Inflammation & function

Calprotectin (intestinal inflammation), secretory IgA (mucosal immunity), beta-glucuronidase (oestrogen recirculation marker), pancreatic elastase (digestion).

WHAT THE REPORT LOOKS LIKE

# Every organism, every marker.

Every row is one organism or marker measured by qPCR against a clinical threshold or reference range. Below is the complete 66-marker panel for a representative sample, not a real patient.

■ Within reference   
 ■ Borderline   
 ■ Outside reference

Bacterial pathogens (copies/g)			
Campylobacter (Camp)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
C. difficile Toxin A (Tcd A)	8.50 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
C. difficile Toxin B (Tcd B)	6.20 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Enterohemorrhagic E. coli (EHEC)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
E. coli O157 (O157)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Enteroinvasive E. coli / Shigella (EIEC)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Enterotoxigenic E. coli LT/ST (ETEC)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Shiga-like Toxin E. coli stx1 (stx1)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Shiga-like Toxin E. coli stx2 (stx2)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Salmonella (Sal)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Vibrio cholerae (Vch)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Yersinia enterocolitica (Yer)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	

WHAT THE REPORT LOOKS LIKE (continued)

■ Within reference   
 ■ Borderline   
 ■ Outside reference

**Parasitic & viral pathogens** (copies/g)

Cryptosporidium (Cry)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Entamoeba histolytica (Eh)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Giardia (Gi)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Adenovirus 40 / 41 (Adv)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Norovirus GI / II (NoV)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	

**H. pylori & virulence factors** (copies/g)

Helicobacter pylori (Hp)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Virulence factor babA (babA)	N/A	Not detected	
Virulence factor cagA (cagA)	N/A	Not detected	
Virulence factor dupA (dupA)	N/A	Not detected	
Virulence factor iceA (iceA)	N/A	Not detected	
Virulence factor oipA (oipA)	N/A	Not detected	
Virulence factor vacA (vacA)	N/A	Not detected	
Virulence factor virB (virB)	N/A	Not detected	
Virulence factor virD (virD)	N/A	Not detected	

WHAT THE REPORT LOOKS LIKE (continued)

■ Within reference   
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**Phyla & ratios** (copies/g)

Bacteroidetes (Bac)	$1.20 \times 10^9$	$1.0 \times 10^9 - 5.0 \times 10^{10}$	
Firmicutes (Firm)	$9.50 \times 10^8$	$1.0 \times 10^9 - 5.0 \times 10^{10}$	
Firmicutes : Bacteroidetes (F/B)	0.79	0.5 - 3.0	










**Commensal & keystone bacteria** (copies/g)

Bacteroides fragilis (Bf)	$4.10 \times 10^8$	$1.0 \times 10^8 - 1.0 \times 10^{10}$	
Bifidobacterium spp. (Bif)	$8.50 \times 10^8$	$4.0 \times 10^8 - 4.0 \times 10^{10}$	
Enterococcus spp. (Ent)	$1.20 \times 10^7$	$1.0 \times 10^6 - 1.0 \times 10^9$	
Escherichia spp. (Esc)	$5.40 \times 10^7$	$1.0 \times 10^6 - 1.0 \times 10^9$	
Lactobacillus spp. (Lact)	$1.20 \times 10^5$	$1.0 \times 10^6 - 1.0 \times 10^9$	
Enterobacter spp. (Etb)	$1.20 \times 10^6$	$1.0 \times 10^5 - 1.0 \times 10^8$	
Akkermansia muciniphila (Akk)	$2.30 \times 10^7$	$1.0 \times 10^5 - 1.0 \times 10^9$	
Faecalibacterium prausnitzii (Fp)	$1.50 \times 10^8$	$1.0 \times 10^8 - 1.0 \times 10^{10}$	
Roseburia spp. (Ros)	$8.40 \times 10^6$	$1.0 \times 10^6 - 1.0 \times 10^9$	



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**Opportunistic & overgrowth bacteria** (copies/g)

Bacillus spp. (Bac)	$< 5.00 \times 10^4$	$< 5.00 \times 10^4$	
Enterococcus faecalis (Ef)	$2.10 \times 10^6$	$< 1.00 \times 10^7$	
Enterococcus faecium (Efa)	$< 1.00 \times 10^4$	$< 1.00 \times 10^4$	
Morganella spp. (Mor)	$< 5.00 \times 10^3$	$< 5.00 \times 10^3$	
Pseudomonas spp. (Ps)	$< 5.00 \times 10^3$	$< 5.00 \times 10^3$	
Pseudomonas aeruginosa (Pa)	$< 1.00 \times 10^3$	$< 1.00 \times 10^3$	
Staphylococcus spp. (Staph)	$< 5.00 \times 10^3$	$< 5.00 \times 10^3$	
Staphylococcus aureus (Sau)	$< 5.00 \times 10^3$	$< 5.00 \times 10^3$	
Streptococcus spp. (Str)	$1.40 \times 10^5$	$< 1.00 \times 10^6$	


**Methanogens & sulphate reducers** (copies/g)

Desulfovibrio spp. (Dsv)	$1.20 \times 10^5$	$< 5.00 \times 10^5$	
Methanobacteriaceae (Mb)	$4.20 \times 10^4$	$< 5.00 \times 10^4$	

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**Inflammatory & autoimmune-related** (copies/g)

Citrobacter spp. (Cit)	< 5.00 × 10 <sup>3</sup>	< 5.00 × 10 <sup>3</sup>	
Citrobacter freundii (Cfr)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Klebsiella spp. (Kleb)	< 5.00 × 10 <sup>3</sup>	< 5.00 × 10 <sup>3</sup>	
Klebsiella pneumoniae (Kp)	< 5.00 × 10 <sup>3</sup>	< 5.00 × 10 <sup>3</sup>	
M. avium subsp. paratuberculosis (MAP)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Proteus spp. (Pro)	< 5.00 × 10 <sup>3</sup>	< 5.00 × 10 <sup>3</sup>	
Proteus mirabilis (Pm)	< 1.00 × 10 <sup>3</sup>	< 1.00 × 10 <sup>3</sup>	
Fusobacterium spp. (Fus)	< 5.00 × 10 <sup>3</sup>	< 5.00 × 10 <sup>3</sup>	
Prevotella spp. (Prev)	2.30 × 10 <sup>6</sup>	< 1.00 × 10 <sup>8</sup>	

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**Fungi, yeast & additional viruses** (copies/g)

Candida spp. (Csp)	$1.40 \times 10^3$	$< 5.00 \times 10^3$	
Candida albicans (Ca)	$2.10 \times 10^3$	$< 5.00 \times 10^3$	
Geotrichum spp. (Geo)	$< 5.00 \times 10^2$	$< 5.00 \times 10^2$	
Microsporidium spp. (Msp)	$< 5.00 \times 10^2$	$< 5.00 \times 10^2$	
Rhodotorula spp. (Rho)	$< 5.00 \times 10^2$	$< 5.00 \times 10^2$	
Cytomegalovirus (CMV)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Epstein-Barr Virus (EBV)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	

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**Protozoa (commensal & potentially pathogenic)** (copies/g)

Blastocystis hominis (Bh)	$4.20 \times 10^3$	$< 2.00 \times 10^3$	
Chilomastix mesnili (Cm)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Cyclospora spp. (Cyc)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Dientamoeba fragilis (Df)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Endolimax nana (En)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Entamoeba coli (Ec)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Pentatrichomonas hominis (Ph)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	




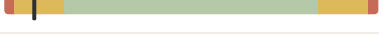




**Worms (helminths)** (copies/g)

Ancylostoma duodenale (Ad)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Ascaris lumbricoides (Al)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Necator americanus (Nec)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Trichuris trichiura (Tri)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	
Taenia spp. (Tn)	$< 1.00 \times 10^2$	$< 1.00 \times 10^2$	

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### Intestinal health markers

Steatocrit (Sct)	8%	< 15%	
Pancreatic Elastase 1 (PE-1)	480 µg/g	> 200 µg/g	
Beta-glucuronidase (β-g)	1300 U/mL	< 2486 U/mL	
Occult Blood (FIT) (FIT)	< 10 µg/g	< 10 µg/g	
Secretory IgA (sIgA)	280 µg/mL	510 – 2010 µg/mL	
Anti-gliadin IgA (AGA)	8 U/L	< 175 U/L	
Eosinophil Activation Protein (EDN)	1.10 µg/g	< 2.34 µg/g	
Calprotectin (Cal)	95 µg/g	< 173 µg/g	

### Add-on

Zonulin (intestinal permeability) (Zon)	115 ng/g	< 175 ng/g	
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# Five things to notice.

qPCR-style reports look intimidating because of the scientific notation, but the structure is actually simpler than a standard blood panel. These are the five cues that turn the chart into information.

- 1 The threshold column.** Each row has an **upper-limit reference** in qPCR copies per gram. " $< 1.00 \times 10^3$ " is the lab's "below the floor of clinical relevance" notation.
- 2 The detection state.** A tick in the **green zone** means not detected or detected below clinical threshold. A tick in the **brick zone** means detected at a level that warrants follow-up.
- 3 Virulence factors over presence.** Around half the adult population carries some **H. pylori** asymptotically. The **CagA** and **VacA** virulence-factor genes are what raise the ulcer and gastric-cancer risk, not the bacterium alone.
- 4 Commensals are two-sided.** A **low** reading for a beneficial Bifidobacterium can matter as much as a **high** reading for a problem genus. Essential-style bars on the second panel reflect this.
- 5 Inflammation contextualises everything.** **Calprotectin** says whether the system is actively inflamed. **Secretory IgA** says whether the mucosal barrier is intact. Together they decide whether a detection is urgent or watchable.

## With help, in one hour.

Every GI MAP kit at Deepcare includes a 60-minute video consultation with Dimitris Messinis, PhD. He walks through the panel with you, decides what is worth acting on, and considers whether neurofeedback, biofeedback, or photobiomodulation sessions would help based on the findings, chronic gut inflammation often pulls on autonomic regulation, sleep, and mood in ways the Optimization toolkit addresses directly.

- If *H. pylori* reads positive with virulence factors, the next step is usually a clinical confirmation test (urea breath or stool antigen) with a GP before considering eradication.
- If a parasite reads positive, the question is whether to treat. Many adult *Blastocystis* carriers are asymptomatic. The Health Map call weighs symptoms against the cost of treatment.
- If commensals look depleted (low *Bifidobacterium*, low *Lactobacillus*), the answer is rarely a probiotic. It is usually a question about fibre, fermented foods, and what is suppressing them (medication, stress, recent antibiotics).

*We do not recommend reading this report on your own. A positive does not always mean a problem; a negative does not always mean none.*

## COLLECTION AT HOME

# Five steps over two days.

Stool collection needs a frozen gel pack to preserve DNA integrity in transit. Once your kit arrives, plan a two-day window when you will be at home, then ship the same morning you finish the second sample.



### STEP 01

#### Plan a two-day window

Two consecutive mornings when you will be at home and able to ship by 11:00 on day two. The lab can hold the kit for up to a year before you open it.



### STEP 02

#### Freeze the gel pack

24 hours before collection, put the supplied gel pack in your freezer. It needs to be solid by the morning of day one.



### STEP 03

#### Collect on day one

Use the supplied collection vial. Half-fill. Overfilling can dilute the preservative. Cap and place the vial in the refrigerator with the gel pack.



### STEP 04

#### Collect on day two

Same procedure with the second supplied vial. Two samples in two days raises sensitivity for intermittent shedders.



### STEP 05

#### Box and ship by 11:00

Place both vials and the frozen gel pack in the supplied insulated box. DHL the same morning using the prepaid label.

## ABOUT THE METHOD

# qPCR at Diagnostic Solutions.

The lab is Diagnostic Solutions Lab in Georgia, USA. The instrument is real-time quantitative PCR (qPCR), which detects specific DNA sequences from a sample with much higher sensitivity than stool culture and without the overgrowth bias that culture introduces.

qPCR is the standard for clinical pathogen detection where speed and sensitivity matter. The same technology used in hospital labs for *C. difficile* and clinical norovirus testing. Diagnostic Solutions is FDA-registered and CLIA-certified.

*Methodology references available on request. qPCR for stool pathogen detection: standard clinical laboratory literature in gastroenterology and infectious disease.*

## What this does not show

qPCR detects DNA, not necessarily live organisms. A recent infection can leave detectable DNA for weeks after the organism itself has cleared. For an acute clinical question, confirmation testing (culture, urea breath for *H. pylori*, stool antigen) with a GP or specialist is sometimes warranted. GI MAP also does not measure the full microbiome diversity. For that question, a multi-method tool (such as GI360) would fit better; the Health Map call can route you there if the question warrants it.

## WHAT HAPPENS NEXT

# Four steps from order to consultation.

### TODAY

#### Order on [deepcare.ch](https://deepcare.ch)

Pay through the Stripe checkout linked from /kits. Confirmation arrives by email within minutes.

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### WITHIN 3 WORKING DAYS

#### Kit ships

An insulated box arrives at your address with the collection vials, the gel pack, instructions, and the prepaid DHL return label.

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### WHEN YOU HAVE YOUR TWO-DAY WINDOW

#### Collect and ship

Plan, freeze, collect on two consecutive days, ship same-morning. About fifteen minutes of your time across two mornings.

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### 21 DAYS AFTER ARRIVAL

#### Results + Health Map call

We invite you to book a 60-minute video consultation with Dimitris when your report is in. You leave with a written priority list.

Order this kit

[deepcare.ch/kits](https://deepcare.ch/kits)