



GI Navigator • Feature Guide

Report

EXPECT BETTER
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How the report is structured

The Microba GI Navigator report is organised from the top down. Each layer distils what matters most from the layer below it — with the raw metagenomic data at the bottom, so that the most clinically actionable information is always at the top.

GI Navigator report layers²

🔍 Findings & Actions

The primary clinical layer. This is where you will find everything you need to guide your clinical decision-making. Most clinicians, including specialists, will not need to go any further than this section.

IVD + RUO

You won't need to go beyond key findings and suggested actions. The layers below are there if you want to explore how the conclusions were reached:

🔗 Interpretation Explorer

A status board showing all interpretations assessed, including those that were not evident.

IVD + RUO

🔗 Marker Explorer

The individual markers (microbiome, gastrointestinal, pathogen, and presentation) that informed the interpretations above.

IVD + RUO

🔗 Species Explorer

The full species list, available for those who want to explore the underlying data.

RUO

📄 Patient Questionnaire

The patient's self-reported symptoms, medical history, and health context, collected by questionnaire prior to sample analysis.

PATIENT-REPORTED

IVD validated in vitro diagnostic assay · RUO research use only³

² GI Navigator incorporates components notified to the TGA under the exempt clinical decision support software pathway, including Species Explorer. Suggested actions are not currently covered by a TGA regulatory determination and are intended for use under the supervision of a qualified healthcare professional.

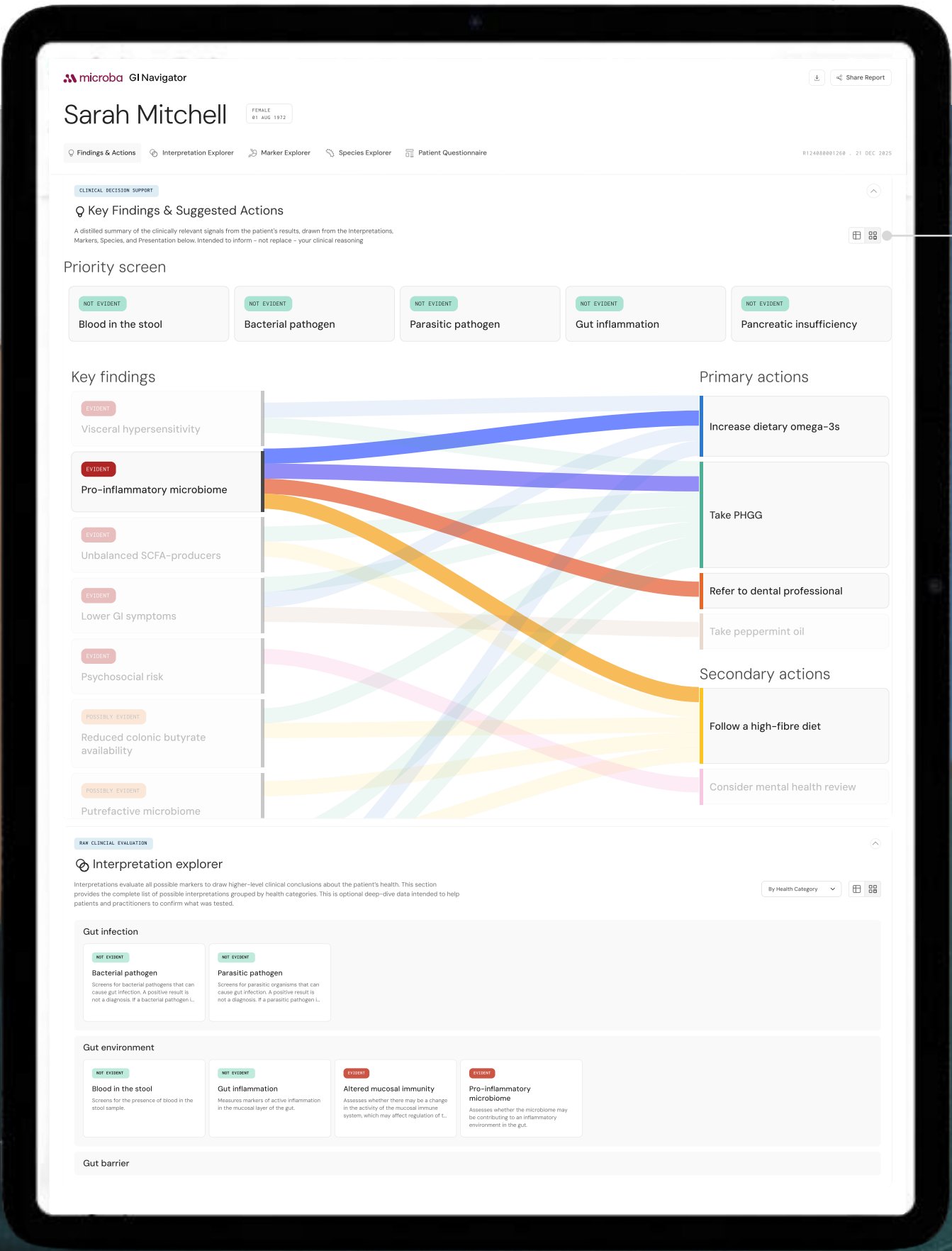
³ The gut physiology panel and pathogen screen use validated IVD assays that are intended to inform clinical assessment. The microbiome analysis, clinical interpretations and suggested next steps are research use only components that support clinical decision-making and do not diagnose, replace clinical assessment, or substitute for the treating practitioner's judgement. All findings should be interpreted alongside the patient's presentation, history and other investigations.

When you open the report

At the top of the report you will find the report header, which displays the patient's name and key demographic details alongside the date the report was generated. Directly below this are the key findings and suggested actions.

View the report your way

There are two ways to visualise results – diagram view and list view. This lets you interpret findings and actions in the format that suits you best. Switch between them at any time using the toggle button. Your preference is remembered, so each new report opens in the view you last chose.



Toggle button

The sections below key findings and suggested actions are there for those who are curious about the underlying analysis, but they are not required for clinical decision-making.

Key findings and suggested actions

This section contains the priority screen, key findings and suggested actions. Together, they give you the tools to guide clinical decision-making.⁴ Each key finding represents a potential mechanism that may be contributing to your patient's clinical picture.

Priority screen

NOT EVIDENT

Blood in the stool

NOT EVIDENT

Bacterial pathogen

NOT EVIDENT

Parasitic pathogen

NOT EVIDENT

Gut inflammation

EVIDENT

Pancreatic insufficiency

The priority screen sits at the very top, and this should be reviewed first before moving on to other sections. It covers pathophysiological categories that should be excluded in any GI presentation. Each of these categories will display a result.

A ‘not evident’ result means the mechanism was assessed and not detected. If a result is ‘evident’ or ‘possibly evident’, it will appear as a key finding with a corresponding suggested action — these should be prioritised in your clinical assessment.

Key findings

Below the priority screen you will find the key findings. These represent the pathophysiological mechanisms identified in the patient's sample and questionnaire responses that are clinically relevant to their presentation. Only findings that are ‘evident’ or ‘possibly evident’ appear here.

Each key finding is classified using a formal, criteria-based assessment:

EVIDENT

Strong confidence that the mechanism is occurring in this patient.

POSSIBLY EVIDENT

The mechanism may be occurring and warrants clinical consideration.

Findings classified as ‘not evident’ do not appear in this section. They are visible in the Interpretation Explorer further down the report (see Section 005).

⁴ Personalised management plans are to be determined by the treating healthcare professional. Interpretations are intended to inform, not replace, clinical judgement.

Key findings

EVIDENT

Visceral hypersensitivity

EVIDENT

Pro-inflammatory microbiome

EVIDENT

Unbalanced SCFA-producers

EVIDENT

Lower GI symptoms

EVIDENT

Psychosocial risk

POSSIBLY EVIDENT

Reduced colonic butyrate availability

POSSIBLY EVIDENT

Putrefactive microbiome

POSSIBLY EVIDENT

Intestinal permeability link

microbiome GI Navigator

Sarah Mitchell

Findings & Actions Interpretation Explorer Marker Explorer Specimen Explorer Patient Questionnaire

Key Findings & Suggested Actions

NOT EVIDENT

Bacterial pathogen

NOT EVIDENT

Parasitic pathogen

NOT EVIDENT

Gut inflammation

NOT EVIDENT

Pancreatic insufficiency

Primary actions

Increase dietary omega-3s

Take PHGG

Refer to dental professional

Take peppermint oil

Secondary actions

Follow a high-fibre diet

Consider mental health review

Suggested actions

To the right of the key findings, you will find the suggested actions. These are personalised, prioritised, evidence-informed suggested next steps across a range of treatment modalities (such as supplements, exercise, diet and medical care), linked to the key findings in this patient's report.⁵

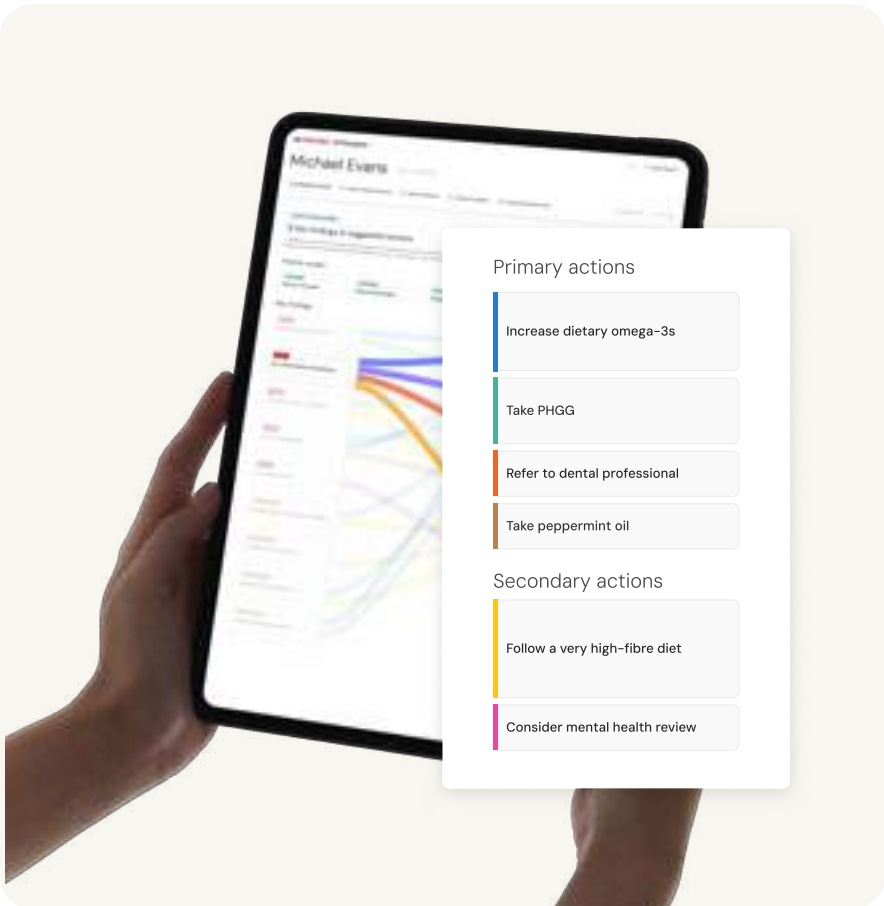
Actions are separated into two tiers:

PRIMARY ACTIONS

Act broadly, across multiple markers, offering the widest clinical benefit. They may also reflect clinical priority.

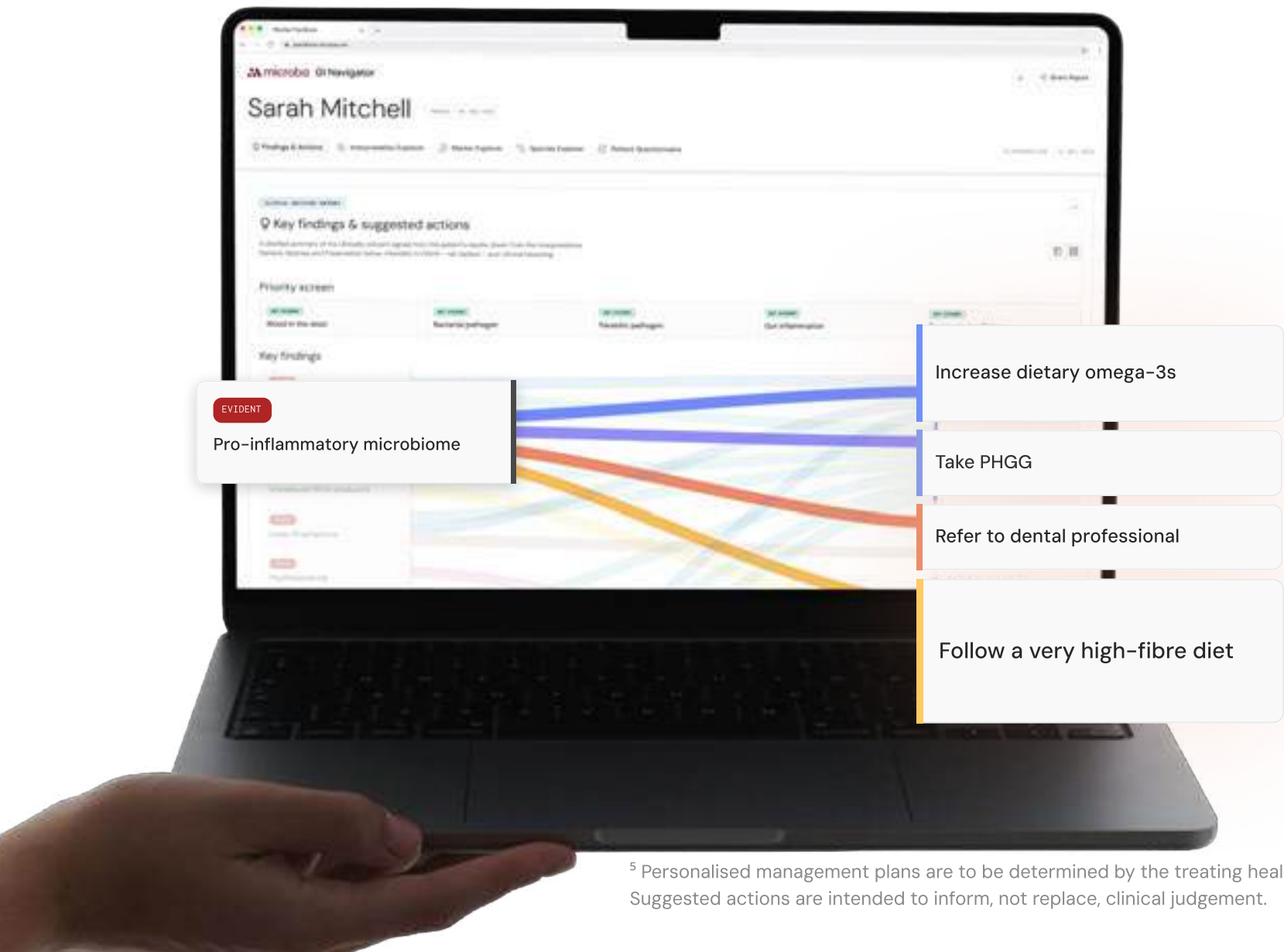
SECONDARY ACTIONS

Act on a single marker, offering additional but narrower benefit. Use your clinical judgement, considering your treatment goals and the broader clinical picture, to decide whether and when to implement these. Where a clinical rationale is available, the classification reflects the breadth of benefit an action offers across multiple findings.



Connections between findings and actions

In the diagram view, you can explore the connections between key findings and suggested actions by hovering over any item in either column. Connections are highlighted to show you:



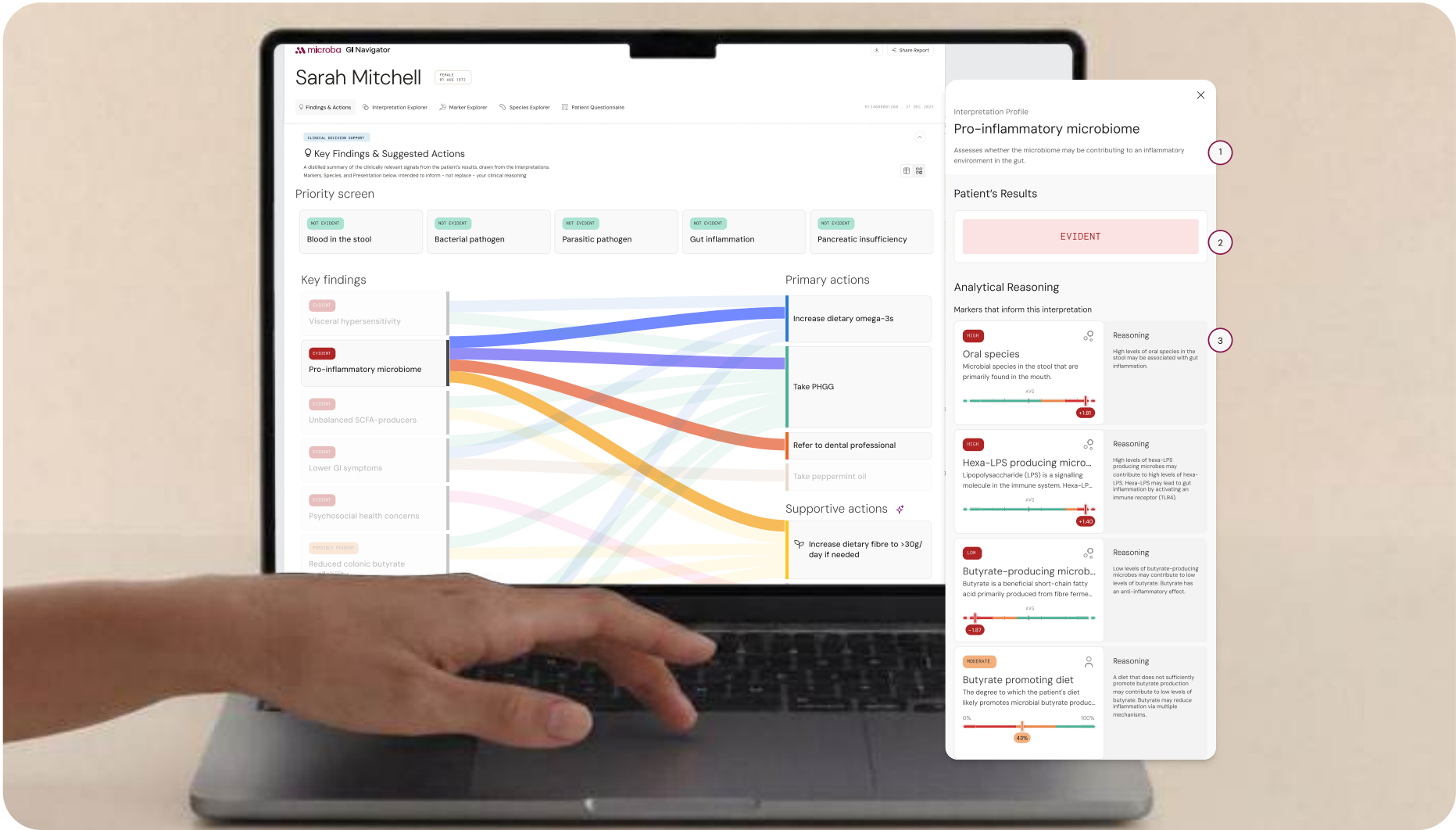
⁵ Personalised management plans are to be determined by the treating healthcare professional. Suggested actions are intended to inform, not replace, clinical judgement.

003

Exploring a key finding in detail

You can click on any key finding to open a utility drawer — a side panel that slides in on the right side of the report. This is where you can explore the detail behind any finding without leaving the main report view.

Key findings utility drawer view



Interpretation profile

1. A plain-language description

of what the finding assesses — what the mechanism is and what it means for the patient.
2. The classification result

(‘Evident’ or ‘possibly evident’) with a formal definition of what that result means.
3. Reasoning for each marker

A brief explanation of why that marker is considered relevant to this particular finding.

To close the drawer, click on the key finding again or click the close button within the drawer. The rest of the report remains accessible while the drawer is open.

Exploring a suggested action in detail

You can click on any key finding to open a utility drawer — a side panel that slides in on the right side of the report. This is where you can explore the detail behind any finding without leaving the main report view.

You can click on any suggested action to open its utility drawer. This provides detail on what the action involves and why it has been suggested for this patient's findings. The suggested actions are categorised into two separate categories: the primary actions and secondary actions.

While it's always at the practitioner's discretion and you need to use your own clinical judgement, you'd usually want to start by considering the primary actions and then evaluating the secondary actions.

Each suggested action drawer contains:

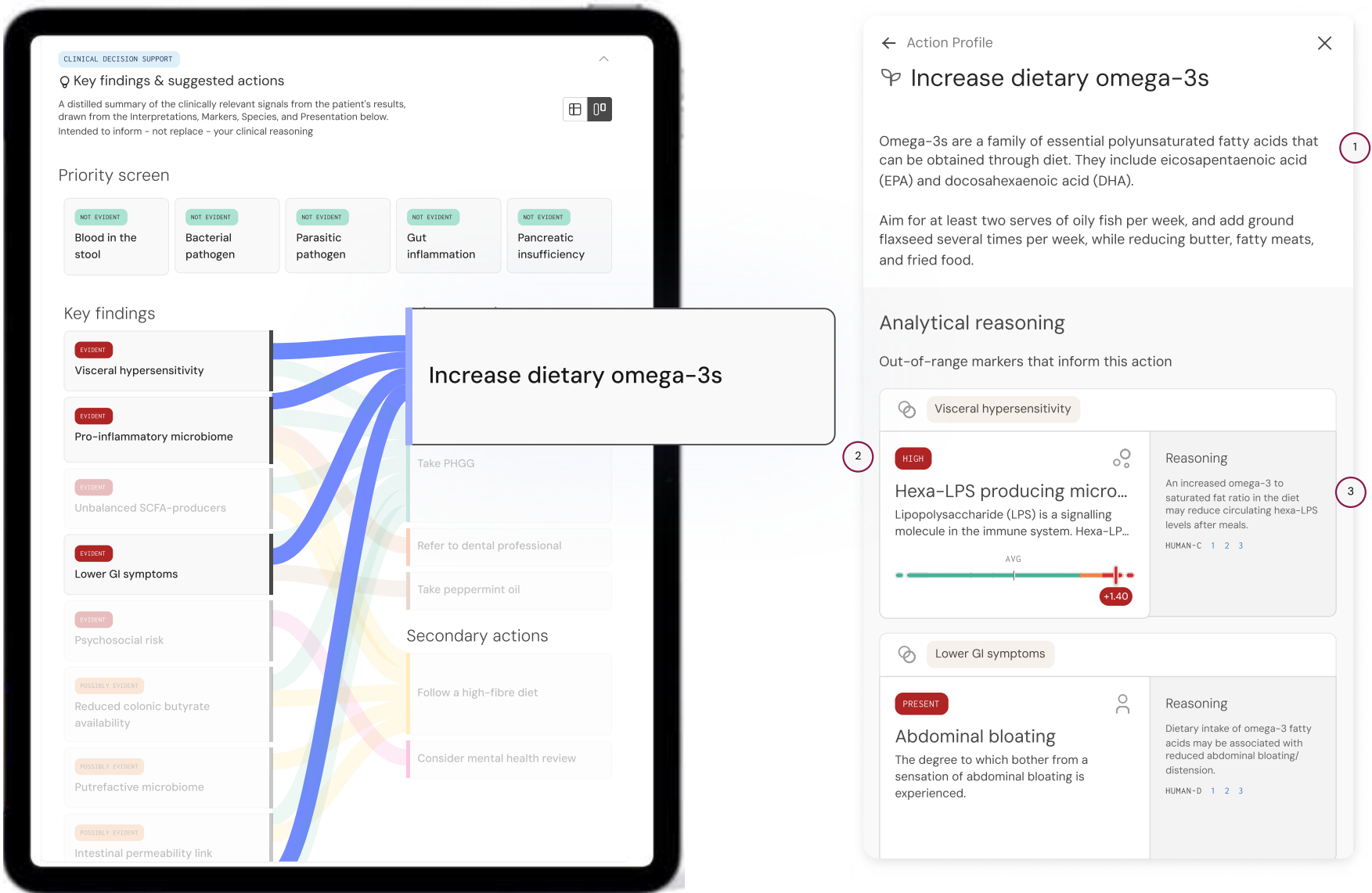
1. A plain-language description

of what the suggested action is and what it involves clinically.
2. The out-of-range markers

that triggered this suggested action in the patient's report.
3. Analytical Reasoning

An explanation of why this suggested action has been suggested in response to those specific markers.

As with finding drawers, clicking the action again or the close button will dismiss the drawer.



Example

When a primary action is selected, the utility drawer on the right will list the suggested action and the analytical reasoning will show how this has been derived, listing each contributing marker. You can click on any marker to see the raw data that informed its result. For microbiome markers, this shows the specific species identified in the patient’s sample – and at what relative abundance – that contributed to that marker’s result.

The raw data sections of the report

Scrolling below the key findings and suggested actions reveals the raw data sections of the report. This raw data shows the results that directly informed the key findings and suggested actions above. These are not required for clinical decision-making — every relevant signal has already been distilled upward into the key findings and suggested actions. They are provided for those who want to explore the underlying analysis.

RAW CLINICAL EVALUATION

Interpretation Explorer

Interpretations evaluate relevant markers to identify higher-level patterns in gut health, grouped by health category. Clinically significant Interpretations have already been distilled into the key findings above.

RAW FUNCTIONAL DATA

Marker Explorer

Markers are the biological and clinical measurements that inform interpretations. Detailed results for every marker are listed here. Clinically relevant signals have already been distilled into the interpretations above.

RAW LAB DATA

Species Explorer

Species are the microbial organisms detected in the patient's sample, listed with relative abundance and context. This data has already been distilled into the microbial markers above.

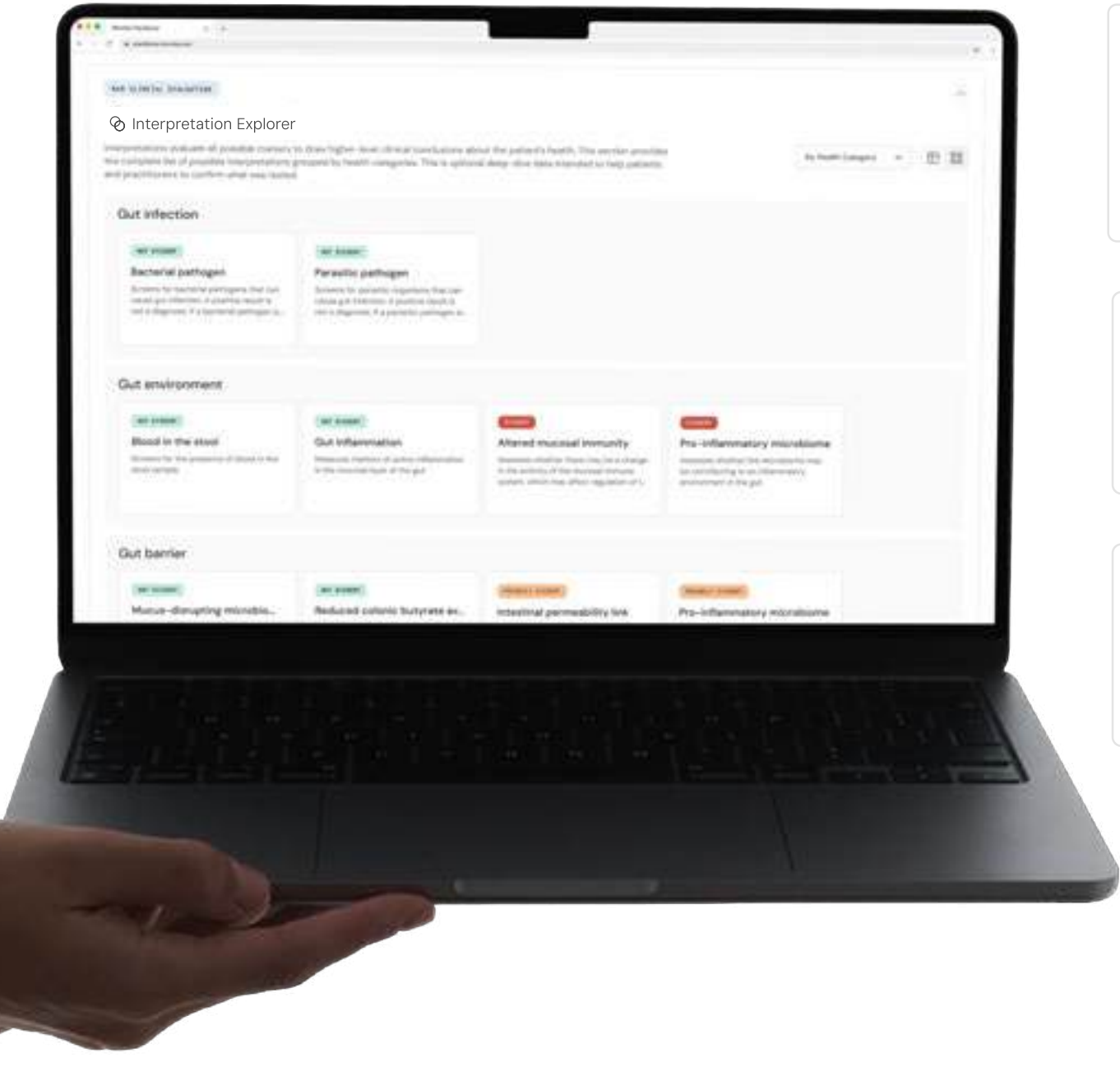
RAW PATIENT PRESENTATION DATA

Patient Questionnaire

The patient's self-reported symptoms, medical history, and health context, collected by questionnaire prior to sample analysis. Responses are listed here. Clinically relevant signals have already been carried into the markers, interpretations, and key findings above.

Interpretation Explorer

A comprehensive status board shows every interpretation assessed for this patient – including those that were not evident. All raw test data is synthesised together to report on 22 critical areas of interpretation across seven health categories.



NOT EVIDENT

The findings do not meet the criteria for that Interpretation at the time of testing. It does not necessarily rule it out.

EVIDENT

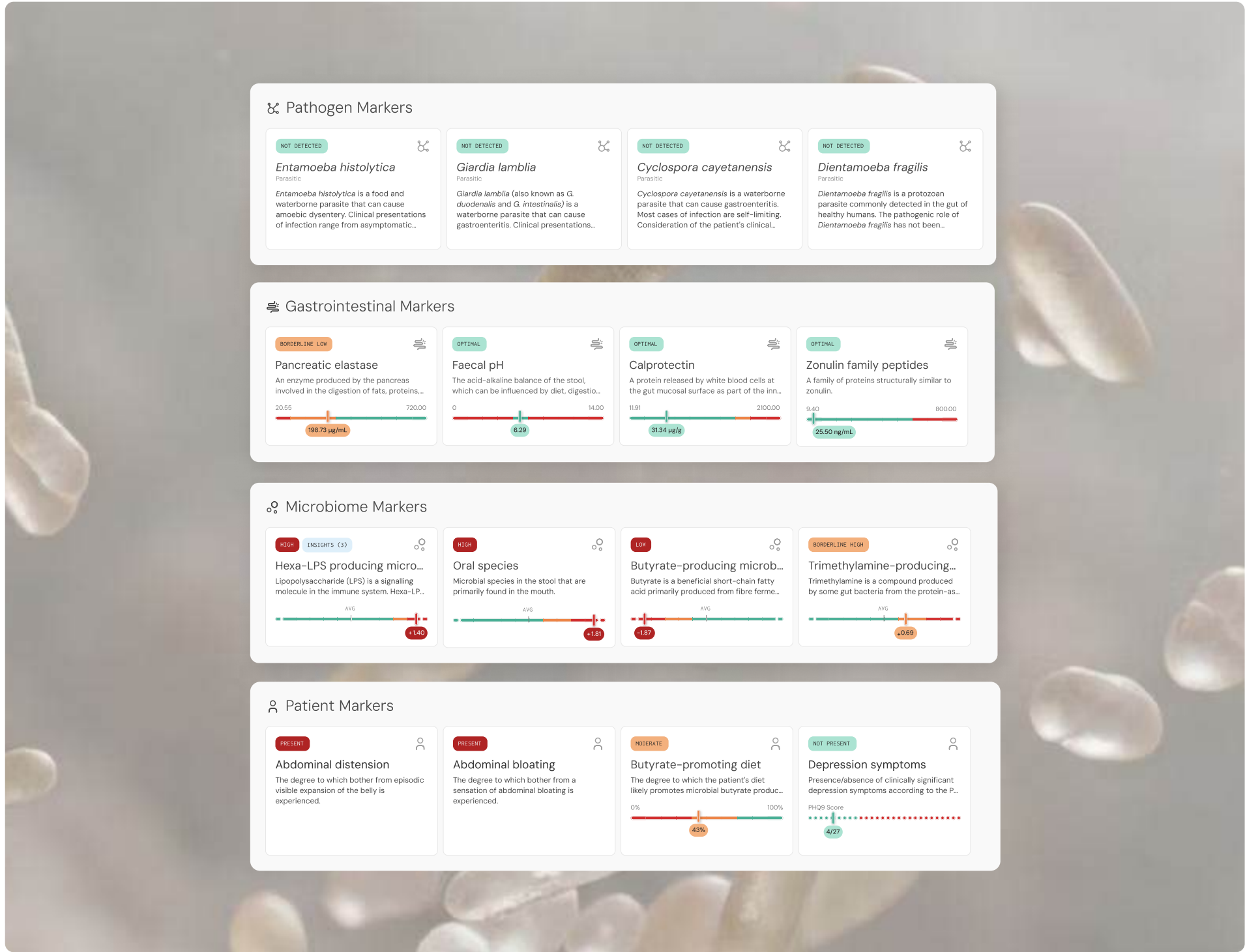
The pattern of findings provides evidence consistent with the Interpretation.

POSSIBLY EVIDENT

Some findings are suggestive of the Interpretation, but the overall evidence is less strong or complete.

Marker Explorer

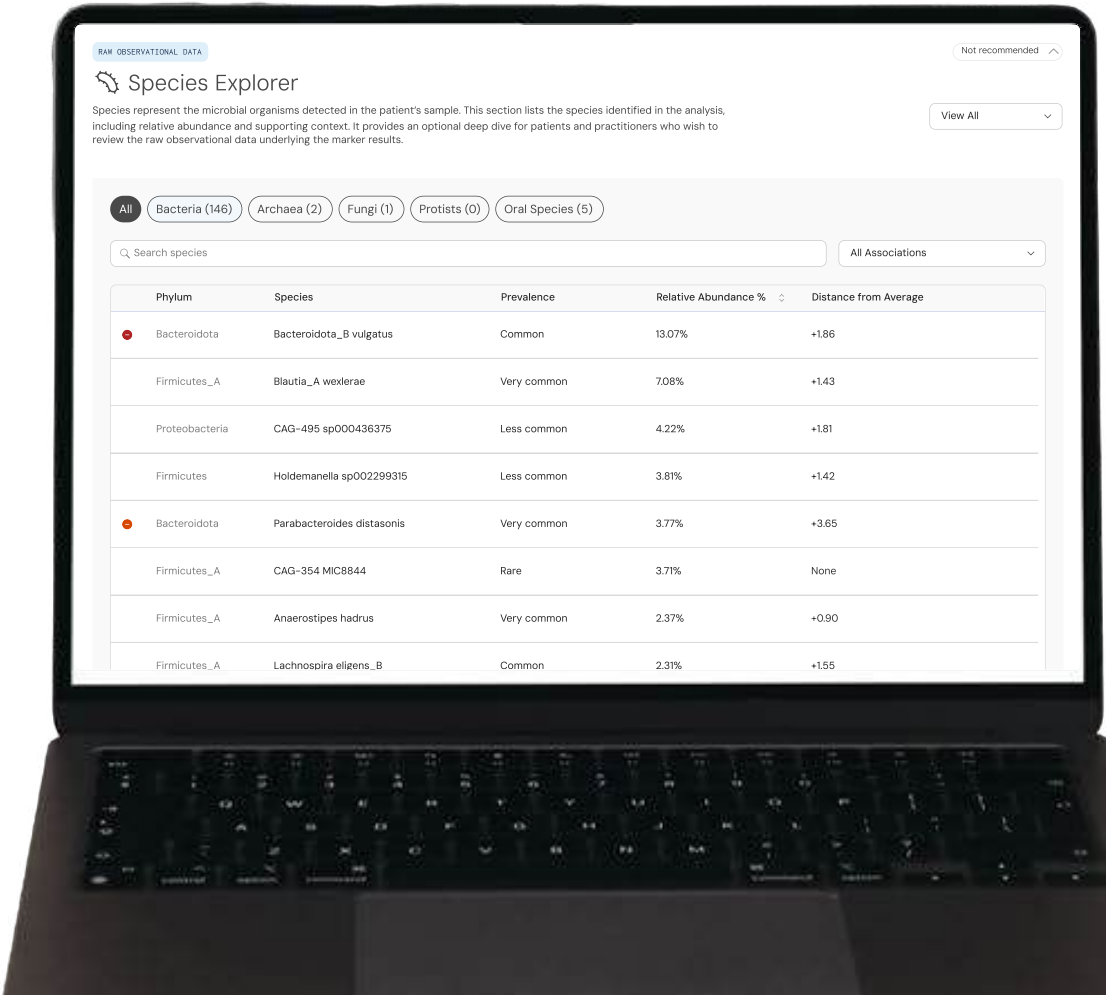
The Marker Explorer contains the individual markers that sit below the interpretations. Markers are grouped into four categories: pathogen markers, gastrointestinal markers, microbiome markers and patient presentation markers.



Species Explorer

A full list of every microbiome species identified in the patient's sample is captured in the Species Explorer section, along with each species' relative abundance and provenance within the sample.

It also shows the distance from average for each species when compared to the Microba Healthy Cohort, making this the most granular view of the patient's microbiome data.



Patient questionnaire

Contains the patient's responses to the questionnaire they completed as part of the Microba GI Navigator testing process, with each question listed and the patient's answers highlighted.

The patient questionnaire provides essential context for microbiome interpretation. Your patient's answers generate 35 patient presentation markers, which inform 13 of the 22 interpretations in the report, across six of the seven health categories. While GI symptoms often present in similar ways, GI Navigator can help uncover the relevant contributing factors and support more personalised, evidence-informed management for each patient.

The patient questionnaire covers the following areas:

 Symptoms

 Conditions

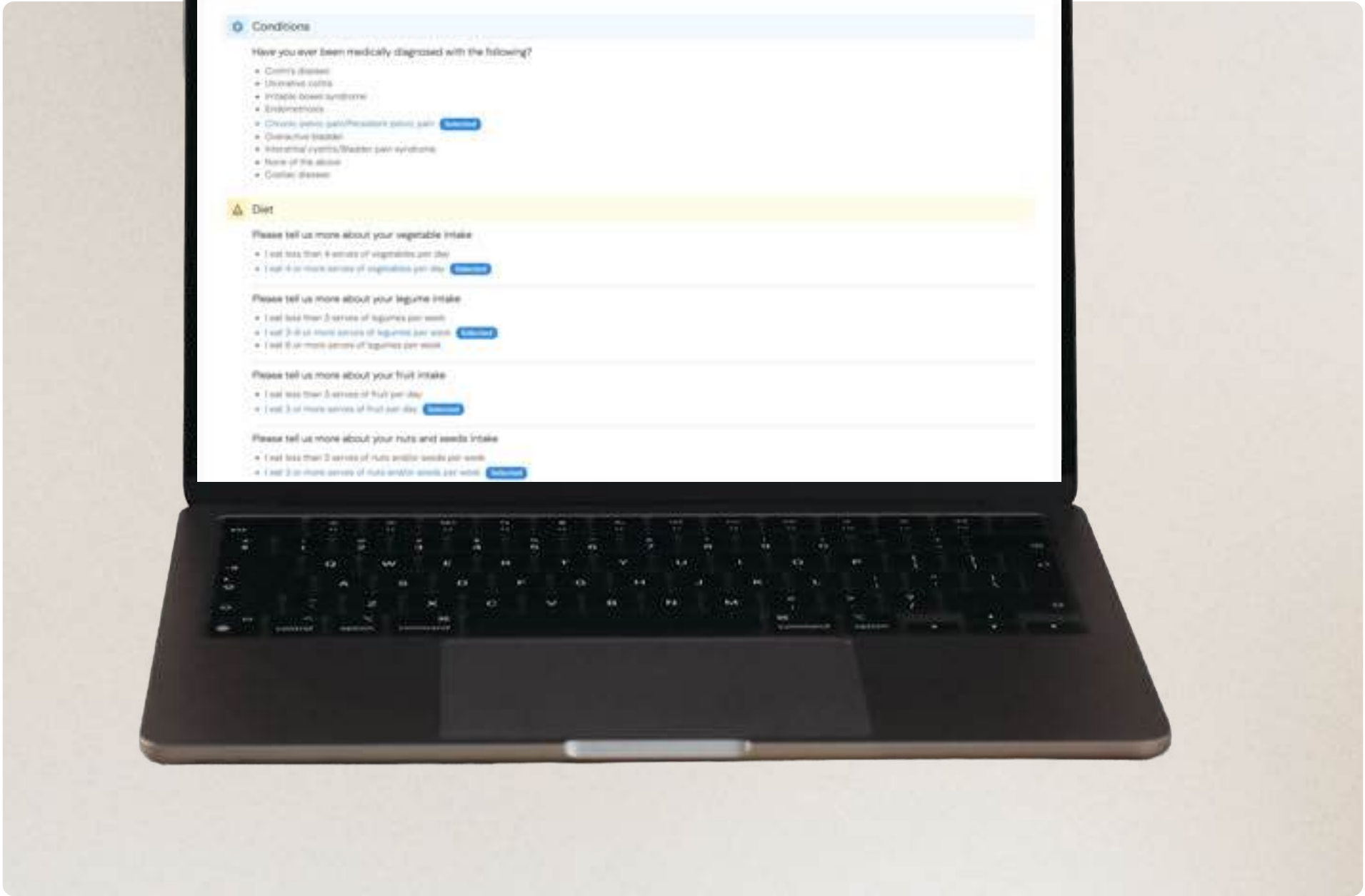
 Medical history

 Diet

 Medications

 Eating patterns

 Psychosocial wellbeing



At Microba, expect better. Because we do.

We develop world-leading microbiome research and technology.
We deliver tests that go deeper and broader. We craft insights that improve
people's lives.

Why?

Because better is possible. Because better means more freedom and
confidence. And, most importantly, because more freedom and confidence means
better, happier lives. We are an ecosystem of people organised around one simple
principle – making you better. Because better care doesn't just transform individual
lives, it builds healthier, happier communities.



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