

CYSTITIS RESEARCH CENTER
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Dear Doctor,

As a result of our researching the diagnosis of pelvic disorder in hundreds of patients, you have probably been aware of the CRC test validity in use of the same scientific principles universally employed by medical laboratories the world over in diagnosis of all other disease entities. We are certain we cannot possibly handle the load of the thousands who need this attention. We must, therefore, recruit the intervention of the entire medical lab industry. To that end we must ask that you approach your medical, hospital or other labs in your area to begin accepting these patients on the following basis:

1. You see the patient. We are sure from our experience that the history and symptoms relayed to you are convincing enough evidence that infection does in fact exist.
2. We have proven in processing more than 2000 victims that there is no need to add to patient expenses with inconclusive preliminary tests and procedures to possibly prove the contrary. You know as a doctor, that only direct authentic culture for ETIOLOGIC AGENTS has been valid evidence of infection—no UA, colony count of saprophytes, or other manipulations.
3. The following points are important: a proper specimen, taken according to instructions the patient off antibiotics for 48 hours.
4. The testing must follow pure culture technology, as employed in diagnosis of all other disease entities. Urines must first be purged of antagonistic components (following CRC instructions available to you upon request), cultured in Trypticase Soy Broth.
5. The etiologic agent is usually a strain of Gram-positive cocci (staph/strep). From your experience, you know that these are the most times the etiologic agents found in a broth culture.
6. This intends to be an authentic program for which your local lab is fully equipped. Please have your lab contact me at the CRC for more information.
7. I am at an age where I truly wish to retire, but the need is so great that I cannot yet. However, at this point, I am now only taking first and second specimens of any new IC patients for broth culturing. I will send the results to the patient to be brought to you, the patient's doctor, for understanding and prescribing of the necessary antibiotics whichever ones are sensitive to the patient's specimen.

We see this as the only logical effective approach to eventual authentic management of the millions who may have IC. We will not abandon the effort but must cut back; we pledge to stand by for technical support. PLEASE TRY TO FORCE THE ISSUE OF DOING BROTH CULTURES WITH YOUR LOCAL LAB so that possibly hidden bacteria so devastating to IC patients may be found and treated. Your labs cannot disclaim their obligation to the health needs of the public.

Sincerely, yours,



Paul Fugazzotto, Ph.D.

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**Microbial diagnosis and management of urinary/reproductive tract infections

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