SimUrine: A Novel, Fully Defined Artificial Urinary Media for Enhanced Microbiological Research of Urinary Bacteria

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ABSTRACT

Urinary tract infections represent one of the most prevalent bacterial diseases, yet current diagnostic and research methodologies are hampered by inadequate culture media that fail to replicate the bladder biochemical environment. Conventional artificial urine formulations contain undefined components, lack essential nutrients, or inadequately support urinary microbiome (urobiome) growth. To address these limitations, we developed SimUrine, a fully defined synthetic urine medium that aims to replicate human bladder chemistry while supporting diverse microbial growth requirements.

SimUrine was systematically developed through iterative optimization of multi-purpose artificial urine, incorporating defined concentrations of carbon sources, vitamins, trace elements, and amino acids within physiologically relevant ranges. The modular design enables component substitution without complete reformulation, facilitating customization for culturomics, antimicrobial susceptibility testing, and microbial ecology studies, while reducing batch-to-batch variability associated with authentic urine.

Performance evaluation demonstrated SimUrine's capability to support growth of fastidious urobiome members, including *Lactobacillus* species, *Aerococcus urinae*, and *Corynebacterium riegelii*, which fail to proliferate in conventional minimal media. Physicochemical characterization confirmed that SimUrine formulation exhibits properties within normal human urine ranges for density, conductivity, osmolarity, and viscosity, ensuring physiological relevance.

Clinical applications revealed reduced antibiotic susceptibility compared to standard media, suggesting more accurate representation of *in vivo* conditions. Co-culture experiments using *Escherichia coli* and *Enterococcus faecalis* demonstrated previously unobserved microbial interactions, highlighting SimUrine's utility for investigating urobiome dynamics.

SimUrine represents a significant advancement in urobiome research methodology, providing a standardized, reproducible platform for investigating urobiome under physiologically relevant conditions, potentially improving fundamental understanding and clinical diagnostic approaches.

IMPORTANCE

Urinary tract infections affect millions globally, yet current research and diagnostic methods rely on inadequate culture media that fail to replicate the bladder's unique biochemical environment. This fundamental limitation has hindered accurate UTI research and potentially compromised clinical treatment decisions. SimUrine addresses this critical gap as the first fully defined synthetic urine medium that mimics human bladder chemistry while supporting growth of diverse urinary microbes. The breakthrough enables cultivation of urobiome organisms in a minimal medium that resembles natural conditions, revealing novel microbial interactions that influence urinary health. Crucially, SimUrine demonstrates different antimicrobial susceptibility patterns compared to standard clinical media, suggesting current testing protocols may inaccurately predict treatment outcomes. This standardized, reproducible platform eliminates the variability of authentic urine samples while maintaining physiological relevance, potentially transforming urobiome research methodology and improving clinical diagnostic accuracy for urinary tract infections worldwide.

INTRODUCTION

Urinary tract infections (UTIs) are among the most common bacterial diseases worldwide. They are particularly common in females; approximately 50-60% will experience at least one UTI in their lifetime (Al Lawati et al., 2024). The diagnosis of UTIs can be challenging due to the variable presentation of symptoms including pyuria, dysuria, and fever, which are not present in all cases. Symptom inconsistency has provoked debates within the medical community regarding standardized diagnostic criteria (Werneburg et al., 2024). Another significant challenge in UTI diagnosis is the discrepancy between these symptoms and the bacterial counts enumerated from standard urine culture technique – a methodology that often produces false negative results, particularly overlooking fastidious and anaerobic bacteria (Hilt et al., 2014). Newer diagnostic techniques with heightened sensitivity have increased the detection rates of bacteria among symptomatic individuals (Haley et al., 2023; Hilt et al., 2014; Moreland et al., 2025a). However, our understanding of these detected bacteria is limited, especially concerning the role of hard-to-cultivate species of the urinary microbiome (urobiome) in the context of UTIs (Moreland et al., 2025b; Price et al., 2016).

These limitations stem partly from the lack of culture media that accurately replicate the bladder's metabolic environment. Commercially available media, fortified with general nutrients, fail to replicate the nutritional composition and complexity of human urine (Reitzer & Zimmern, 2019). Using authentic urine samples introduces significant donor-to-donor variability, compromising experimental reproducibility (Asscher et al., 1966; Sreedevi et al., 2024). Another strategy is to use pooled urine, which has been theorized to reduce variation. However, a recent report showed that pooled urine is artificially optimized and not average (Hogins et al., 2022). Thus, without a standardized urine medium, comparing experimental results between experiments and different laboratories remains difficult.

Unfortunately, current formulations aiming to replicate bladder-like conditions either contain undefined components, do not encompass the complete range of essential nutrients, or are inadequate to support growth of the broad spectrum of urinary microbes (Brooks & Keevil, 1997; Zandbergen et al., 2021). Salt-based media formulations have been developed to mimic the

electrolyte composition of urine; nevertheless, these fail to sustain microbial growth due to their lack of or limited carbon content and absence of other vital nutrients (Chutipongtanate & Thongboonkerd, 2010; Sarigul et al., 2019). To achieve a standardized synthetic urine medium, it is essential to recreate the conditions that members of the urobiome encounter in their natural habitat (Sreedevi et al., 2024), incorporating carbon sources and vital nutrients necessary for the growth of diverse urinary microbes, including species considered to be pathogenic or commensal.

The objective of this study is to develop a fully defined medium that accurately replicates the chemical composition of urine in the human bladder and accommodates various experimental applications, including culturomics, co-evolutionary research, and synthetic communities. To achieve this end, we modified multi-purpose artificial urine (MP-AU) (Sarigul et al., 2019), incorporating defined concentrations of carbon sources, vitamins and salts, with the aim to maintain medium concentrations within the ranges reported for human urine. To determine the efficacy of our formulations, the experimental media were tested for their ability to support the growth of a diverse set of target microbes.

The resultant medium, termed SimUrine, alleviates the inconsistencies associated with using actual urine and ensures more uniform outcomes in urobiome investigations. SimUrine also exhibits physicochemical properties within the normal range of human urine including density, conductivity, refractive index, and viscosity – making for a physiologically relevant *in vitro* artificial medium.

SimUrine's composition is structured modularly, allowing for the substitution of individual components to accommodate varying research requirements without requiring full medium reconstruction. The modular design also enables facile, prolonged storage and replacement of components upon their expiration date. SimUrine supports a wider range of species than conventional minimal media while sustaining antibiotic susceptibility testing and displaying comparable or enhanced microbial survival rates, including for many fastidious urobiome members.

145 In summary, SimUrine addresses the significant constraints of existing artificial urine media by

146 providing a fully defined, customizable, nutrient-optimized medium for diverse research

147 applications, enhancing our comprehension of urinary microbial viability and interactions in

148 closely replicated bladder environments.

METHODOLOGY: EXPERIMENTAL DESIGN AND MATERIALS

Bacterial Strains

Urinary bacterial isolates used in this study were sourced from strain collections of the Wolfe lab collection at Loyola University Chicago or the de Vos lab at the University of Groningen (**Supplementary Table 1**).

Reference Media

Our initial experiments utilized NYCIII medium as either a reference or to start cultures (as indicated in each case), due to the fastidious growth requirements of *Lactobacillus* species. However, to ensure simplicity and reproducibility, we conducted subsequent experiments using Brain Heart Infusion (BHI) medium, except for the antibiotic susceptibility testing, for which Mueller-Hinton Broth (MHB) was used to culture reference strains.

Optimization of MP-AU for Bacterial Growth

To assess bacterial viability in MP-AU (Sarigul et al., 2019), we evaluated *Escherichia coli* (UMB1180) growth and survival in a modified version (mMP-AU), where $K_2C_2O_4.H_2O$ was replaced by $NH_4C_2O_4.H_2O$. For this aim, we first grew the bacteria in NYCIII medium (Geaman et al., 2024) for 48 hours at 37°C in 5% CO_2 and diluted to OD = 1. The culture was centrifuged, washed three times using PBS 1X and resuspended in either 1 ml of mMP-AU or M9 salts. A 500 µL aliquot of this resuspension was inoculated into 5 ml of mMP-AU or M9 salts and incubated at 37°C for 4 days in 5% CO_2 with continuous orbital agitation at 200 rpm. Samples were taken every day, and serial dilutions were plated on BHI agar for enumeration of colony-forming units (CFU/mL) to determine survival.

To determine if an enriched version of mMP-AU could support the growth of fastidious species, we tested urinary isolates of *Lactobacillus jensenii* (UBM8651) and *Aerococcus urinae* (UMB5254, aka type strain ATCC 51268) in mMP-AU supplemented with various glucose concentrations. To evaluate additional nutritional requirements, mMP-AU was fortified with an equimolar carbon source (1% each) mix (glucose, galactose, maltose, sucrose, fructose, mannitol, and sorbitol), a vitamin mixture (thiamin 5.0 mg/L, riboflavin 5.0 mg/L, niacin 5mg/L, pantothenic acid 5.0 mg/L, pyridoxine hydrochloride 10.0 mg/L, biotin 2.0 mg/L, and 4-aminobenzoic acid 5.0

mg/L) and casamino acids. Bacterial cultures were evaluated daily for survival, enumerating
CFU/mL on Colistin Nalidixic Acid (CNA) agar plates under 5% CO_2.

To assess the impact of residual nutrients from rich media on bacterial growth in nutrient-limited
conditions, strains of *E. coli* (UMB3190, aka ATCC 10798) and *Klebsiella pneumoniae*
(UMB9987) were first grown overnight in BHI. These precultures then were diluted 1:100 into
either mMP-AU or M9 salts and cultured under our standard conditions: 48 hours at 5% CO_2, 37°C
with orbital agitation of 200 rpm.

SimUrine Formulation Optimization

Several versions of SimUrine were tested and the final formulation is described in **Supplementary**
Protocols 1 and **Supplementary Table 2**. Other versions are included for reference in
Supplementary Protocols 2. These formulations were designed to mimic the nutrient-limited
bladder environment through progressive enrichment of mMP-AU and by tuning reagent
concentrations to stay within urine ranges, while designing a modular protocol to enable facility,
prolonged storage, and component replacement. Different formulations were tested for growth of
selected isolates, previously cultured on BHI agar plates.

The first version of SimUrine (**SimUrine.v1**) was formulated as follows: mMP-AU supplemented
by adding N-acetylglucosamine, L-threonine, and L-serine (to mimic mucin composition without
the turbidity or contamination problems associated with direct use of mucins) and lactic acid,
pyruvic acid, acetic acid, manganese sulfate, and L-cysteine (to protect facultative species and
improve fastidious species growth). Bacterial growth was assessed for two consecutive periods of
48 hours.

Based on the performance of **SimUrine.v1**, and with the aim to extend use of the medium to a
wider range of microbes, a second version of SimUrine was designed (**SimUrine.v2**). Inspired by
the work on bacterial communities from the gut (Shetty et al., 2022), we incorporated vitamins
and trace elements into this formulation.

Given the biological relevance of iron, we assessed the impact of hemin supplementation in our
formulation with two concentrations: one as described in **SimUrine.v3** and one tenfold greater.
The need of uric acid for bacterial growth also was evaluated by growing strains in the presence
and absence of this compound.
213
To reduce spontaneous precipitate formation, improve medium stability, and keep uric acid in our
formulation, the reagent order was modified in **SimUrine.v4**: now uric acid was added after urea
and not before. We also improved buffering capacity of the medium with the addition of 4-(2-
hydroxyethyl)-1-piperazineethanesulfonic acid (HEPES), and to better mimic the nutrient profile
of urine, we added non-ionic surfactant Tween80 and extra peptides (Reitzer & Zimmern, 2019;
Schmied et al., 2021). Given the role of cysteine as a key energy and carbon source in various
environments (Göbbels et al., 2021), we also assessed the use of its dimeric form cystine, by testing
a version of **SimUrine.v.4** with cysteine replaced by cystine.
222
223 To minimize precipitate formation during storage, and reduce chelation of trace elements, sodium
224 bicarbonate and 3-(N-morpholino) propanesulfonic acid (MOPS) were added as buffering agents
225 instead of HEPES, resulting in **SimUrine.v5**. In contrast to earlier formulations that included
226 autoclaving of the final medium, this new formulation was sterilized by filtration with a 0.2 μm
227 filter.
228
To optimize conditions for *Lactobacillus* species growth, while considering the biological
relevance of the following nutrients, **SimUrine.v5** was enriched with glucose, $FeSO_4$, L-valine, L-
threonine, and L-tryptophan (Kwoji et al., 2022; Liu et al., 2020; Ramoneda et al., 2023; Saguir &
De Nadra, 2007; Veith et al., 2015). $NaHCO_3$ was added and pH reduced to increase stability.
Three different concentrations of urea were evaluated. Based on these experiments, a final version,
SimUrine.v6 version was adopted.
235

SimUrine Evaluation

237 To assess the performance of the different SimUrine versions, pure bacterial isolates were first
238 grown overnight in a 20 ml glass tube containing 4 ml of the corresponding version of SimUrine
239 at standard conditions (37°C, 5% CO_2 with orbital agitation at 200 rpm). Overnight cultures were

diluted 1:100 into the noted SimUrine versions, and growth was monitored in 96-well flat-bottom plates under standard conditions (37°C, 5% CO_2 and orbital agitation at 200 rpm) for 24, 48 or 72 hours (depending on the species). Optical density (OD) was assessed every ten minutes using Biotek (Winooski, VT, USA) or Cerillo Alto (Charlottesville, VA, USA) plate readers (indicated with each result). To confirm species identity, colonies were obtained from the cultures at the end of each growth curve and identified using mass spectrometry on a Bruker MALDI-TOF (Billerica, MA, USA).

Physicochemical Properties of SimUrine.v6

To characterize **SimUrine.v6** for broader applications, physicochemical parameters (density, refractive index, viscosity, conductivity, and osmolarity) were determined from two independent batches prepared two weeks apart, each measured in technical triplicate at 20°C. Density was determined using a volumetric flask and an analytical balance, refractive index was measured using a KERN Abbe ORT 1RS refractometer (Kern & Sohn, Balingen, Germany)**,** viscosity using an MCR 702e rheometer (Anton Paar, Breda, The Netherlands), conductivity using a portable conductivity meter (Mettler-Toledo, Columbus, OH, USA) and osmolarity using an Omo1 osmometer (Advance instruments, Norwood, MA, USA).

Evaluation of SimUrine.v6 in Microbial Ecology-Relevant Experiments

To compare the performance of **SimUrine.v6** for urobiome-related assays, antibiotic susceptibility tests were performed on *E. coli* (UPEC20). A 1:19 ratio of Trimethoprim (TMP) and sulfamethoxazole (SMX) was tested at a starting concentration of 32 µg/mL TMP and 608 µg/mL SMX, with serial two-fold dilutions. Susceptibility to kanamycin was also tested, starting at 128 µg/mL. MHB was used as the reference medium. In all assays, the initial inoculum was ~ 2.5 x 10^5 CFU/mL. Optical density was measured in a 96-well plate using a Cerillo Alto reader (Cerillo, Charlottesville, VA) at 37°C and 5% CO_2.

Co-culture of *E. coli* and *E. faecalis* Strains

Reference strains of *E. coli* (ATCC25922) and *E. faecalis* (ATCC29212) were obtained from the American Type Culture Collection (ATCC). Prior to experimental use, both strains were sub-

cultured onto Trypticase Soy Agar (TSA) supplemented with 5% sheep blood and incubated at 37°C in a 5% CO_2 atmosphere for bacterial propagation and viability assessment. Overnight cultures of both bacterial strains were prepared in NYCIII medium and SimUrine.v6 medium, with a minimum of five biological replicates per strain. Cultures were incubated at 37°C with orbital shaking at 200 rpm. Following overnight incubation, cultures were harvested by centrifugation at $3,000 \times g$ for 10 minutes at room temperature, supernatants were discarded, and bacterial pellets were resuspended in fresh medium (NYCIII or SimUrine.v6, respectively). Bacterial cell density was standardized using optical density measurements at 600 nm (OD_{600}), with all cultures adjusted to an initial OD_{600} of 0.05. For growth kinetic measurements, 80 µL of standardized bacterial suspension was combined with 720 µL of the appropriate growth medium (NYCIII or SimUrine.v6) in individual wells of a dual-well system (Cerillo co-culture duet system, Charlottesville, VA). Control wells contained 800 µL of sterile medium without bacterial inoculum.

Growth kinetics were monitored over 24 hours using a Cerillo Alto microplate reader with continuous orbital shaking at 200 rpm at 37°C. Optical density measurements (OD_{600}) were recorded at 30-minute intervals, and final readings at 24 hours were used for subsequent data analysis. Growth curves and standard error calculations were performed using MATLAB-R2025a (The MathWorks, Inc., 2025).

SimUrine.v6 Protocol for 500 mL of Media (Abbreviated):

Preparation:

Follow this abbreviated protocol in a sterile environment using aseptic technique to ensure reproducibility. All stock solutions must be prepared and either filtered (0.2 µm) or autoclaved separately before making the medium (see **Supplementary Protocol 1 and Supplementary Table 2, for details and reagents**).

Once stock solutions are prepared and sterilized, dissolve the module reagents sequentially as indicated into 200 mL of dH_2O, stirring at 40°C: starting with the **mMP-AU** module, followed by the **Amino acids** module, the **Carbon sources** module, and the **Others** module. While the medium is warm, add 500 µL of Tween80, 1.05 g of MOPS and 7.5 g of urea. Continue adding the stock

301 solutions sequentially, check and adjust pH to 6 with HCl or NaOH, add freshly prepared uric acid

302 solution, and finally L-serine, as indicated in the protocol. Check pH and adjust if needed.

303 Complete volume to 500 mL with H_2O. Filter-sterilize the media using a 0.2 μm filter. To avoid

304 precipitation, avoid storage at temperatures lower than 4°C. To extend lifespan, protect from light.

RESULTS

Optimization of mMP-AU for Bacterial Survival

308 To compare viability of *E. coli* (UMB1180) in minimal salt bases, we monitored survival over 8

309 days. Survival was marginally better in mMP-AU compared to M9 salts across the whole

310 experiment (**Fig.1**). This trend was maintained through day 8, indicating that mMP-AU supports

311 bacterial viability at least as effectively as M9.

Fig.1 | Survival of *E. coli* (UMB1180) in either mMP-AU or M9 salts. Two technical replicates were conducted for each condition, with each replicate averaging two biological replicates. The y-axis displays logarithmic value of CFU/mL of *E. coli,* and the x-axis represents time in days, standard deviation is displayed for each point. These results suggest that both salt bases similarly support limited survival of urobiome species.

Glucose Supplementation Influences Survival of Urinary Isolates

To evaluate the contribution of a carbon source to survival of urobiome species, we incorporated

glucose to the minimal salt bases. For mMP-AU and M9 salts, glucose supplementation had a

contrasting effect on survival of a urinary isolate of *Lactobacillus jensenii* (UBM8651). For mMP-
AU, a glucose concentration above 2% reduced survival, whereas elevated glucose concentrations
had little effect on survival in M9 salts (**Supplementary Figure 1A**); however, survival on either
salt base did not extend beyond one day. For *Aerococcus urinae* (UBM5254), increased glucose
concentration was directly associated with enhanced survival when using mMP-AU as the salt
base. In contrast to *L. jensenii* (UBM8651), *A. urinae* (UBM5254) survived for a second day, but
only in glucose-supplemented M9 salts (**Supplementary Figure 1B**).

As elevated glucose concentrations reduced *L. jensenii* (UMB8651) survival in mMP-AU, we
tested the impact of various carbon sources and nutrients on UMB8651 growth in modified
versions of mMP-AU. Growth was primarily supported by amino acids and vitamins, while other
supplements failed to fully sustain bacterial proliferation (**Supplementary Figure 2**).

Effect of Residual Nutrients from the Inoculum on Bacterial Growth

333 Strains of *E. coli* (UBM3190) and *K. pneumoniae* (UBM9987) pre-grown on the rich medium BHI
334 and then transferred to mMP-AU or M9 salts without supplementation reached between one-tenth
335 and one-third of their maximum OD when grown in BHI, indicating that residual nutrients from
336 the rich medium supported partial growth (**Fig.2A and Fig.2B**).

Fig.2 | Effect of trace nutrients from complex media on bacterial growth. Overnight cultures
of *E. coli* (UMB3190) (A) and *Klebsiella pneumoniae* (UMB9987) (B) were diluted 1:100 into
BHI, M9 or mMP-AU and incubated for 48 hours. Optical density at 600 nm (OD_{600}) is shown on
the y-axes; time (hours) on the x-axes. Solid lines represent mean values and shading standard
error of the mean.

SimUrine Formulation Optimization

SimUrine.v1. This simplest version of SimUrine supported the discrete growth of the facultative anaerobic bacterial species *E. coli* (UBM3190), *Actinotignum schaalii* (UBM13319), *A. urinae* (UBM5254), *Klebsiella pneumoniae* (UBM9987) and *Streptococcus anginosus* (UBM8616), while failing to support the growth of *Enterococcus faecalis* (**Fig.3**).

Fig.3 | Growth in SimUrine.v1. Cultures of different bacterial isolates over 48 hours. OD_{600} is shown on the y-axis; time (hours) on the x-axis. Solid lines represent mean values and shading standard error of the mean.

SimUrine.v2. Adding vitamins and trace elements to our formulation markedly enhanced the growth of *E. coli* (UBM3190), with OD_{600} values increasing from 0.2-0.3 (**Fig.3**) to 0.7, which exceeded growth in BHI (**Fig.4A**). *Klebsiella pneumoniae* (UBM9987) also showed improved growth compared to SimUrine.v1 (**Fig.3 and Fig.4B**); however, unlike *E. coli* (UBM3190), *K. pneumoniae* did not surpass its growth in BHI. Despite enhanced bacterial growth with this version, a precipitate formed in SimUrine.v2 after 24 hours of preparation (**Supplementary Figure 3**).

Fig.4 | Growth in SimUrine.v2. Cultures of *E. coli* (UBM3190) (A) and *K. pneumoniae* (UMB9987) (B) in SimUrine.v2. Optical density at 600 nm (OD_{600}) is shown on the y-axis; time (hours) on the x-axis. Parallel cultures in BHI (green lines) were used as a reference. Solid lines represent mean values and shading standard error.

SimUrine.v3. Hemin supplementation (either 1X or 10X) to produce SimUrine.v3 did not substantially improve *E. coli* CFT073 growth (compared to SimUrine.v2 growth) but had a marked effect on the growth characteristics of *S. anginosus* (UBM8616) (**Fig.5A and Fig.5B**). Based on these results, we adapted our formulation, reducing the concentration of hemin from 10X to 5X, while evaluating the importance of uric acid for bacterial growth. These modifications revealed that uric acid was essential for reaching higher OD_{600} values and enhancing exponential growth, while hemin 5X performed well (**Supplementary Figure 4**). Hemin incorporation defined SimUrine.v.3.

Fig.5 | Growth in SimUrine.v2 and hemin supplemented versions. Cultures of *E. coli*
(UBM3190) (A) and *S. anginosus* (UMB8616) (B) in SimUrine.v2 (solid lines) and SimUrine.v.2
supplemented with hemin 1X (dotted lines) and hemin 10X (dashed lines). Optical density at 600
nm (OD_{600}) is shown on the y-axes; time (hours) on the x-axes. Lines represent mean values and
shading standard error of the mean.

SimUrine.v4 represented a major improvement of SimUrine formulation. We incorporated amino
acids within urine-relevant concentration ranges (Schmied et al., 2021), changed the order of
hemin and uric acid supplementation, and introduced both HEPES and Tween80. We used this
formulation to test if bacteria could grow with cysteine or its dimer, cystine. For *E. coli*
(UBM3190) and *K. pneumoniae* (UBM9987), SimUrine.v4 resulted in vastly improved OD_{600}
(compare **Fig.6A and Fig.6B** to **Fig.5A and Fig.5B)** and resulted in substantial growth of *E.
faecalis* and *C. riegelii* (**Fig.6C and Fig.6D**). In all cases, cysteine performed better than cystine.

Fig.6 | Growth in SimUrine.v4. Cultures of *E. coli* (UBM3190) (A), *K. pneumoniae* (UBM9987) (B), *C. riegelii* (UBM12267) (C) and *E. faecalis* (UBM3193) (D) in cysteine (dotted lines) or cystine (solid lines). Optical density at 600 nm (OD_{600}) is shown on the y-axes; time (hours) on the x-axes. Lines represent mean values and shading standard error of the mean.

SimUrine.v5. We increased long term formulation stability without altering growth characteristics by replacing HEPES with MOPS, incorporating sodium bicarbonate, and by filter-sterilizing the medium (data not shown).

SimUrine.v6. Supplementation of SimUrine.v5 with glucose, $FeSO_4$, L-valine, L-threonine, and L-tryptophan supported the growth of a larger number of microbes than previous versions, including *Lactobacillus* species, *E. faecalis, Proteus mirabilis, Prevotella bucallis,* among others (**Supplementary Table 1**). Urea concentration did not substantially affect the growth of *E. faecalis* (UBM3193) (**Fig.7A**), but the higher urea concentrations improved the growth of *P. mirabilis* (UBM7310) (**Fig.7B**).   The new formulation reduced growth of *E. faecalis* compared to SimUrine.v4 (**Fig.6D**). Despite the reduced growth, the higher urea concentration was kept in the final formulation to better reflect physiological urine levels, as bacterial viability was not compromised.

Fig.7 | Effect of urea in SimUrineV6. *E. faecalis* (UBM7540) (A), and *P. mirabilis* (strain 83) (B) in SimUrineV6 with 3 different concentrations of urea. Optical density at 600 nm (OD_{600}) is shown on the y-axes; time (hours) on the x-axes. Lines represent mean values and shading standard error.

Use of SimUrine.v6 in biologically relevant urobiome microbial experiments

We evaluated the use of SimUrine.v6 in two ecology-relevant contexts: antibiotic susceptibility testing and a bacterial interaction assay. *E. coli* (UPEC20) exhibited reduced susceptibility to both TMP-SMX and kanamycin in SimUrine.v6 (**Fig.8A and Fig.9A**), compared to that observed in the richer, complex reference medium, MHB (**Fig.8B and Fig.9B**).

Fig.8 | TMP-SMX susceptibility of *E. coli* (UPEC20). Cultures of *E. coli* in SimUrine.v6 (A) and MHB (B). Initial antibiotic concentration TMP-SMX (Trimethoprim 32 µg/mL: Sulfamethoxazole 608 µg/mL) was serially diluted by half each time, to a final concentration of TMP-SMX 1µg/mL:19 µg/mL. Cultures in media without antibiotic were used as control. Optical density at 600 nm (OD_{600}) is shown on the y-axis; time (hours) on the x-axis. Lines represent mean values and shading standard error of the mean.

Figure 9 | Kanamycin susceptibility of *E. coli* (UPEC20). Cultures of *E. coli* in SimUrine.v6 (A)
and MHB (B) in decreasing concentrations of Kanamycin. Initial antibiotic concentration Kan
(128 μg/mL) was serially diluted by half each time, to a final concentration of Kan (4μg/mL). Gray
curves indicate no growth for both media; colored curves indicate growth. Cultures in media
without antibiotic were used as control. Optical density at 600 nm (OD$_{600}$) is shown on the y-axis;
time (hours) on the x-axis. Lines represent mean values and shading standard error of the mean.
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Growth characteristics of *E. coli* (ATCC 25922) and *E. faecalis* (ATCC 29212) also differed in

SimUrine.v6 versus the rich, complex NYCIII. In NYCIII, entry of *E. coli* into exponential growth

was rapid and there was little difference in the growth characteristics of *E. coli* cultured alone and

in co-culture with *E. faecalis* (**Fig.10A**). In SimUrine.v6, entry of *E. coli* into exponential growth

was similarly slower when grown either alone or in co-culture with *E. faecalis*, but entry of *E. coli*

into stationary phase was more abrupt and occurred at a lower OD when co-cultured with *E.*

faecalis (**Fig.11A**). In NYCIII, entry of *E. faecalis* into exponential growth was similarly rapid

when grown alone or in co-culture with *E. coli*, while entry into stationary phase occurred at a

slightly lower OD when co-cultured with *E. coli* than when grown alone (**Fig.10B**). In

SimUrine.v6, *E. faecalis* grown alone experienced a long lag but when co-cultured with *E. coli*

failed to grow (**Fig.11B**).

Fig.10: **Bacterial growth curve in NYCIII medium of *E. coli* (ATCC 25922) (A) and *E.***
***faecalis* (ATCC 29212) in dual system.** Optical density at 600 nm (OD_{600}) is shown on the y-
axis; time (hours) on the x-axis. Lines represent mean values and shading standard error of the
mean. The orange-colored line in panel A represents individual *E. coli* cultures whereas the light
blue line in panel B represents individual *E. faecalis* cultures. The dark red line in panel A
represents *E. coli* co-cultured with *E. faecalis* in opposing duet wells whereas the dark blue line in
panel B represents *E. faecalis* co-cultured with *E. coli* in opposing duet wells.

Fig.11: Bacterial growth curve in SimUrine.v6 medium of *E. coli* (ATCC 25922) (A) and *E.*
***faecalis* (ATCC 29212) in dual system**. Optical density at 600 nm (OD_{600}) is shown on the y-
axis; time (hours) on the x-axis. Lines represent mean values and shading standard error of the
mean. The magenta line in panel A represents individual *E. coli* cultures whereas the light green
line in panel B represents individual *E. faecalis* cultures. The plum-colored line in panel A
represents *E. coli* co-cultured with *E.faecalis* whereas the dark green line in panel B represents *E.*
faecalis co-cultured with *E. coli* in opposing duet wells.

SimUrine.v6 physicochemical parameters

SimUrine.v6 exhibited physicochemical properties within the normal range of human urine (as

described in the literature (**Table 1**), including low viscosity, making it suitable for microfluidic

applications.

Table 1

Parameter (20°C)	SimUrineV6	diH$_2$O	Urine (Reference)
Density (g/mL)	1.0095 (+/- 0.0035)	0.9869	1.005-1.030 (Armstrong et al., 1998)
Conductivity (mS/cm)	16.9	0	1-34 (~22) (Fazil Marickar, 2010; Putnam & McDonnell Douglas Astronautics Company-West., 1971)
Refractive index	1.3404	1.333	1.34 (Yadav et al., 2020)
Viscosity (mPa·s)	1.1080	1.000	1.05 -1.2 (Inman et al., 2013)
Osmolarity mOsm/kg	671.25 (+/- 3.78)	0	500 - 850 (Perrier et al., 2015)

DISCUSSION

Conventional culture media for human urobiome studies utilize standardized formulations that fail to reflect the urinary tract's natural biochemical environment. This discrepancy stems primarily from the use of undefined reagents that create complex, proprietary formulations that are difficult to replicate across laboratories. The human bladder maintains distinct physiological parameters including specific pH, osmolarity, and metabolite concentrations that differ substantially from commercial media compositions. We developed SimUrine, a fully chemically defined medium where each component was selected to either match the documented human biochemical parameters or support urobiome growth at minimal effective concentrations.

Following urobiome discovery, researchers have attempted to isolate, culture and characterize these microbes, using artificial urine media or enriched formulations (e.g., NYCIII medium) to maximize isolate recovery. While these approaches have enabled the isolation and study of novel strains, current media formulations have limited our understanding of their behavior under native conditions.

SimUrine development integrates current knowledge of urine composition, artificial urine media, and cultivation strategies used for other microbial communities, such as the gut microbiome (Shetty et al., 2022). By adapting the established MP-AU medium, we successfully cultured bacteria important for bladder health and disease while providing an open, defined, and modifiable medium formulation. This medium permits the behavioral study of many fastidious and anaerobic bacteria species that previously failed to survive under previous strategies.

Development of SimUrine followed a systematic approach, beginning with a basic salt base (MP-AU) that was subsequently enriched with multiple carbon sources to identify the most relevant biochemical requirements for bacterial growth. Our initial version (SimUrine.v1) incorporated nutrients accessible to the urobiome within the bladder environment. While N-acetylglucosamine, L-threonine, and L-serine may not be components of excreted urine, the urobiome has access to mucins and epithelial cells within the bladder lining, from where these nutrients can be metabolized (Neugent et al., 2023). This formulation yielded improved growth for the tested bacteria (**Fig.3**).

To enable growth of a broader range of microbes, we selected nutrients and vitamins identified from successful gut microbiome cultivation studies. SimUrine.v2 included common vitamins and trace elements, resulting in enhanced growth of *E. coli* (UBM3190) and *K. pneumoniae* (UBM9987) (**Fig.4**), although it did not support the optimal growth of other species of interest, such as *E. faecalis* and *A. urinae*, among others. Subsequent testing revealed that hemin incorporation and expanded amino acid availability had considerable effects on bacterial growth, as demonstrated in SimUrine.v.4 (**Fig.5, Supplementary Figure 4**).

The inclusion of Tween80, an important medium surfactant, along with improved buffering capacity through HEPES addition, extended media utility to more fastidious organisms such as *C. riegelii* (**Fig.6**). However, *Lactobacillus* species remained uncultured with this formulation. Final optimization involved replacing HEPES with MOPS, adding sodium bicarbonate, implementing filter sterilization rather than autoclaving, and supplementing with $FeSO_4$, which enabled *Lactobacillus* to grow in glass tubes (**Supplementary Table 1**). We hypothesize that HEPES combined with phosphate buffer provides insufficient buffering capacity under 5% CO_2 incubation, potentially contributing to trace element chelation that affects fastidious bacterial growth. In contrast, MOPS maintains pH stability and reduces trace element chelation, while $FeSO_4$ enhances iron bioavailability. Whereas we could culture *Lactobacillus* species in glass tubes, we have not yet been able to obtain reliable growth curves using 96-well plates. Increasing the diameter and volume of the wells may enable reliable growth curve generation.

Beyond the logical importance of using a medium that better replicates actual urine composition, our antibiotic susceptibility and co-culture results demonstrate the feasibility of utilizing SimUrine in clinical investigations. Using this fully defined medium, for the tested strain (**Fig.8**), we detected lower antibiotic susceptibility than standard values for *E.coli* (Lewis II et al., 2023), even when using *in vivo*-like TMP-SMX proportions (U.S. Food and Drug Administration, 2011), potentially reflecting susceptibilities closer to those encountered under native bladder conditions. Additionally, SimUrine enabled observation of previously unknown interactions between urobiome community members, highlighting the importance of physiologically relevant culture conditions for understanding clinical microbiology.

SimUrine enables the use of physiological urea concentrations without completely suppressing
growth of urea-susceptible bacteria (**Fig.7**). Urea incorporation proved beneficial for species such
as *P. mirabilis* (**Fig.7B**). Indeed, urea is noted to be the most abundant organic molecule in human
urine at concentration ranges between 9.3-23.3g/L (Putnam & McDonnell Douglas Astronautics
Company-West, 1971). At 15g/L, SimUrine's urea concentration allows for more accurate
representation of a natural bladder environment while maintaining broad bacterial compatibility.
543
SimUrine represents a fully defined culture medium that supports growth of diverse bacterial
species and clinical isolates while remaining adaptable to specific research and clinical
requirements. The medium's complete chemical definition ensures reproducibility across
laboratories, while its modular design allows targeted modifications without compromising
stability. Previous artificial urine compositions, such as those formulated by Brooks and Keevil or
Zandbergen, utilize protein hydrolysates that provide wide coverage of necessary amino acids, but
introduce unnecessary variability via undefined compositions (Brooks & Keevil, 1997;
Zandbergen et al., 2021). With defined nutrient compositions, the dietary behaviors of tested
bacteria can be fully characterized with SimUrine.
553
The clinical implications of this work extend beyond improved pathogen recovery and
characterization. By providing culture conditions that more accurately reflect the native bladder
environment, SimUrine enables more clinically relevant assessment of antimicrobial susceptibility
patterns (**Fig. 8 and Fig.9**) and microbial interactions (**Fig.11**) that may be not observed when
using rich media (**Fig.10**) (Lewis II et al., 2023). We acknowledge that the *E. faecalis* suppression
in co-culture (**Fig.11B**) needs mechanistic investigation, which exceeds the purpose of this work.
560
561 This enhanced physiological relevance may lead to improved therapeutic decision-making and
562 better understanding of urobiome dynamics in health and disease. The defined nature of SimUrine
563 medium, and its physicochemical properties, makes it ideal for use in the study of the urobiome,
564 using the duet system, microfluidic devices, organoid-on-a-chip devices, or simple flasks.
565
SimUrine cannot fully simulate several aspects of human urine. Certainly, it would be nearly
impossible to account for the thousands of biomolecules that can be isolated in human urine, the

majority of which are found in near trace amounts. However, even the most minute quantities of
certain compounds may have physiological relevance when studying urobiome behaviors.
SimUrine excludes hormones, xenobiotics, chromogens, cellular debris, mucoproteins, and
macromolecules (DNA, collagen) due to instability, undefined composition, wide physiological
ranges, or cost. However, SimUrine attempts to account for the vital contribution of
glycosaminoglycans in the bladder environment towards bacterial survival with the inclusion of
N-acetylglucosamine, L-threonine, and L-serine, all glycosaminoglycan degradation metabolites.
It will be important to account for these missing variables when attempting to simulate bladder
environments. Incorporating cell cultures such as urothelial cell lines or organoids may attempt to
address some of these deficits.

Future applications of SimUrine include standardized urobiome research protocols, probiotic
efficacy testing under physiologically relevant conditions, and development of personalized
therapeutic approaches based on individual urine chemistry profiles. The medium's defined
composition also facilitates mechanistic studies of host-microbe interactions within the urinary
tract ecosystem.

Supplementary Figure 1 | Effect of glucose supplementation on bacterial survival. (A)
Lactobacillus jensenii (UMB8651) and (**B**) *Aerococcus urinae (*UMB5254*)* survival in mMP-AU
or M9 salts supplemented with glucose. The y-axes display CFU/100 μL, and the x-axes represent
glucose concentration.

Supplementary Figure 2 | Effect of nutrient supplementation on *Lactobacillus jensenii*
growth. Growth curves of *L. jensenii* (UMB8651) cultured in mMP-AU supplemented with
carbon sources, amino acid sources, vitamins, or their combinations. Optical density at 600 nm
(OD_{600}) is shown on the y-axis; time (hours) on the x-axis

599
600
601

602 **Supplementary Figure 3**: **SimUrine.v1**. Left image shows the medium as it looked just out of

603 the autoclave; right image, after 24 hours. Precipitate was formed within 24 hours.

606   A

B

C

Supplementary Figure 4: Cultures of *Streptococcus anginosus* (UBM 3192) (A), *E. coli* CFT073

(B) and *E. coli* (UBM3190) (C) in hemin-supplemented SimUrine.v3 in presence or absence of

uric acid. Bold and light colors for high and low levels of hemin respectively, red tones for presence

of uric acid and blue tones for absence. Optical density at 600 nm (OD600) is shown on the y-axis;

time (hours) on the x-axis.

Supplementary Table 1: Strains used on this publication

Specie	Reference	Able to grow in SimUrine.V6 - 37°C
Escherichia coli	UMB1180	Not Tested
Lactobacillus jensenii	UBM8651	Only in tubes, 5 % CO_2
Aerococcus urinae	UMB5254 aka type strain ATCC 51268	Tubes and 96-well plates, 5% CO_2
Escherichia coli	UMB3190, aka ATCC 10798	Tubes and 96-well plates, 5% CO_2
Escherichia coli (UPEC20)	NCBI BioSample database. Accession SAMN041053058. National Library of Medicine, National Center for Biotechnology Information (RRID: SCR_004854).	Tubes and 96-well plates, 5% CO_2
Escherichia coli	ATCC 25922	Tubes and 96-well plates, 5% CO_2
Enterococcus faecalis	ATCC 29212	Tubes and 96-well plates, 5% CO_2
Klebsiella pneumoniae	UBM9987	Tubes and 96-well plates, 5% CO_2
Actinotignum schaalii	UBM13319	Only in glass tubes, 5 % CO_2
Streptococcus anginosus	UBM8616	Tubes and 96-well plates, 5% CO_2
Corynebacterium riegelii	UBM12267	Tubes and 96-well plates, 5% CO_2
Enterococcus faecalis	UBM3193	Tubes and 96-well plates, 5% CO_2
Enterococcus faecalis	UBM7540	Tubes and 96-well plates, 5% CO_2
Proteus mirabilis (strain83)	Local strain (Croxall et al., 2011)	Tubes and 96-well plates, 5% CO_2
Lactobacillus gasseri	UMB4205	Only in glass tubes, 5 % CO_2
Proteus mirabilis	UBM7310	Tubes and 96-well plates, 5% CO_2
Streptococcus anginosus	UBM3192	Tubes and 96-well plates, 5% CO_2
Lactobacillus gasseri	UBM245	Only in glass tubes, anaerobic

| *Lactobacillus jensenii* | UBM387 | Only in glass tubes, anaerobic |
| *Prevotella buccalis* | UBM536 | Only in glass tubes, anaerobic |

Supplementary Protocols 1

SimUrine.v6

628 Protocol for 500mL of media 1X.

630 Add 200 mL of H_2O to a flask and dissolve the following reagents one by one stirring and
631 keeping at 40°C.

Module	Reagent	g	g/L	Concentration (mM)
Core salts (mMP-AU)	Na_2SO_4	0.85	1.7	11.97
	NaCl	0.878	1.756	30.05
	Na_2HPO_4	0.3315	0.663	4.67
	NH_4Cl	0.75	1.5	28.04
	$NaH_2PO_4*H_2O$	1.29	2.58	18.67
	KCl	1.154	2.308	30.96
	Creatinine	0.44	0.88	7.78
	$NH_4SO_4*7H_2O$	0.014	0.028	0.114
	Potassium citrate monohydrated	0.513	1.026	3.16
Amino Acids	L-cysteine	0.25	0.5	4.17
	L-valine	0.25	0.5	4.27
	L-tryptophan	0.25	0.5	2.45
	L-threonine	0.75	1.5	12.59
Carbon Sources	n-acetyl-glucosamine	2.765	5.53	25
	D-glucose	0.1	0.2	1.11
	Lactic acid	150 μL	300 μL	4.02
	Pyruvic acid	8.92 μL	17.84 μL	0.253
	Acetic acid	8.92 μL	17.84 μL	0.312
Others	$FeSO_4$ (1mM)	500 μL	1 mL	0.001
	Ascorbic acid	0.05	0.1	0.568
	$NaHCO_3$	0.084	0.168	2

634 While media is hot, add 500 μL of Tween-80.
635 Add 1.05g of MOPS
636 Add 7.5 g of Urea

641 Add:

642
a) 0.5 mL of solution of trace elements 1 (Acid)
b) 0.5 mL of solution of trace elements 2 (Basic)
c) 5 mL of vitamin mix 1
d) 5 mL of vitamin mix 2
e) 2 mL of solution of $MgSO_4$ 108g/L (0.216 g).
f) 1 mL solution of $NH_4C_2O_4$ 13.5 g/L (0.0135 g).
g) 100 µL of solution of **$MnSO_4$** 0.8 g/L.
h) 5 mL of amino acids 100X solution.
i) 2500 µL of hemin solution 0.5 g/L (0.00125 g).
652
653   **Check pH (it should be ~ pH= 6, adapt it to pH=6 with HCl)**
654
655   j) 10 mL of uric acid solution 12.5 g/L (0.125 g).
656
657   Add 0.25 g of L-serine
658
659   **Check pH (it should be ~ pH= 6, adapt it to pH=6 with HCl)**
660
661 **Complete volume to 500 mL with H_2O. Filter using 0.2 µm filter. pH should stay stable.**

662   **SOLUTIONS**

664   The following solutions must be prepared and sterilized before using them.

666   **a) Trace elements (Acid). (Filter using a 0.2 μm filter. Protect from light, 4°C or RT)**

Reagent	mg	concentration
$CuCl_2 * 2H_2O$	1.70	0.1 mM
H_3BO_3	6.18	1 mM
$CoCl_2*6H_2O$	11.89	0.5 mM
$NiCl_2*6H_2O$	2.38	0.1 mM
$ZnCl_2$	6.82	0.5 mM
$FeCl_2*4H_2O$	149.11	7.5 mM

668   Dissolve in 100 mL of water and add 8.3 μL of HCl 37%.

670   **b) Trace elements (Basic) (Filter using a 0.2 μm filter. 4°C or RT)**

Reagent	mg	concentration
Na_2SeO_3	1.73	0.1 mM
$Na_2WO_4*2H_2O$	3.3	0.1 mM
$Na_2MoO_4*2H_2O$	2.42	0.1 mM

672   Dissolve in 100 mL of NaOH 10 mM

674   **c) Vitamins 1 (Filter using a 0.2 μm filter. Protect from light, 4°C)**

Reagent	mg
Biotin	2
Nicotinamide	20
Thiamine	20
Riboflavin	10

676   Dissolve in 100 mL of solution $CaCl_2$ (15.25 g/L)

678   **d) Vitamins 2 (Filter using a 0.2 μm filter. Protect from light, 4°C)**

Reagent	mg
p-aminobenzoic acid	10
Pantothenic acid	10
pyridoxamine	50
Cyanocobalamin	10
Folic acid	10

Dissolve in 100 mL of solution $CaCl_2$ (15.25 g/L)

e) MgSO₄ solution (Autoclave or filter using a 0.2 μm filter. RT or 4°C. Indef. Storage)

$MgSO_4·7H_2O$ 5.4 g in 50 mL of H_2O

f) NH₄C₂O₄ solution (Autoclave or filter. Indef. Storage)

$NH_4C_2O_4·H_2O$ 1.35 g in 100 mL of H_2O

g) MnSO4 solution (Indef. Storage)

MnSO$_4$ 0.08 g in 100 mL of H$_2$O.

h) Amino acids 100X solution (100 mL)

Add 40 mL of H$_2$O and incorporate the water-soluble amino acids one by one. Dissolve
individually the other amino acids in ~ 5mL of HCl 1M and add to the bottle. Complete volume to
100 mL with H$_2$O. To ensure solubility, keep solution at pH ~1.

Amino acid	Concentration mM	mg	Solubility
Arginine	0.13	226.40	H$_2$O
Histidine	0.86	884.40	H$_2$O
Isoleucine	0.075	98.30	**HCl**
Alanine	0.55	489.90	H$_2$O
Asparagine	0.094	124.20	H$_2$O
Aspartate	0.63	838.53	H$_2$O
Cystine	0.35	841.05	**HCl**
Glutamate	1.46	2148.00	H$_2$O
Glutamine*	0.53	774.50	H$_2$O
Glycine	4.27	3205.40	H$_2$O
Leucine	0.113	148.20	**HCl**
Lysine	0.27	394.70	**HCl**
Methionine	0.046	68.63	**HCl**
Phenylalanine	0.09	148.67	**HCl**
Proline	0.26	299.30	H$_2$O
Serine	0.28	294.20	H$_2$O

*Lifespan of Glutamine may be reduced over time, preparation of frozen aliquots of this amino
acids 100X solution may be optimal.

i) Hemin solution (Autoclave, protect from light, 4°C).

Add 50 mg of Hemin in 1 mL of NaOH 1N, complete volume to 100 mL with H$_2$O.

j) Uric acid solution (Autoclave, 4 days at 4°C)
0.625 g in 5 mL NaOH 10 M, dissolve, and complete to 50 mL with H$_2$O.

Supplementary Table 2: List of reagents utilized in this work.

Correlative	Reagents	Code	Company
1	Acetic acid	A6283-1L	Sigma-Aldrich
2	Alanine	11442468	Thermo scientific Chemicals
3	Arginine	A5006-100G	Sigma-Aldrich
4	Asparagine	A0884-25G	Sigma-Aldrich
5	Aspartate	A9256-100G	Sigma-Aldrich
6	Biotin	B4501-100MG	Sigma-Aldrich
7	$CaCl_2$	C1016-100G	Sigma-Aldrich
8	Citric acid	C0759-100G	Sigma-Aldrich
9	$CoCl_2*6H_2O$	202185-25G	Sigma-Aldrich
10	Creatinine	228940500	Thermo scientific Chemicals
11	$CuCl_2 * 2H_2O$	10588502	Thermo scientific Chemicals
12	Cyanocobalamin	1.2459201	Sigma-Aldrich
13	Cystine	11414814	Thermo scientific Chemicals
14	$FeCl_2*4H_2O$	10348150	Thermo scientific Chemicals
15	Folic acid	F7876-10G	Sigma-Aldrich
16	Glutamate	10502751	Thermo scientific Chemicals
17	Glutamine	11482277	Thermo scientific Chemicals
18	Glycine	1.00590.1000	MERK
19	H_3BO_3	B0394-100G	Sigma-Aldrich
20	Hemin	10499291	Thermo scientific Chemicals
21	HEPES 1M	H3375-25G	Sigma-Aldrich
22	Histidine	H8000-5G	Sigma-Aldrich
23	Isoleucine	I2752-1G	Sigma-Aldrich
24	KCl	1.04936.1000	MERK
25	L-cysteine	A10435.18	Thermo scientific Chemicals
26	L-serine	S4500-1G	Sigma-Aldrich
27	L-threonine	1.0841101	Sigma-Aldrich
28	Lactic acid	10665302	Thermo scientific Chemicals
29	Leucine	L8000-25G	Sigma-Aldrich
30	Lysine	L5501-10MG	Sigma-Aldrich
31	Methionine	M9625-25G	Sigma-Aldrich
32	$MgSO_4*7H_2O$	447155000	Thermo scientific Chemicals
33	$MnSO_4*H_2O$	11478237	Thermo scientific Chemicals
34	n-acetyl-glucosamine	11438770	Thermo scientific Chemicals

35	Na_2HPO_4	1.06586.0500	Sigma-Aldrich
36	$Na_2MoO_4*2H_2O$	10164830	Thermo scientific Chemicals
37	Na_2SO_4	1.28211.1001	Sigma-Aldrich
38	$Na_2WO_4*2H_2O$	10117423	Thermo scientific Chemicals
39	NaCl	207790010	ACROS
40	NaH_2PO_4	1.06349.1000	Sigma-Aldrich
41	NaOH	S5881-1K	Sigma-Aldrich
42	Na_2SeO3	214485-5G	Sigma-Aldrich
43	$NH_4C_2O_4$	10054013	Thermo scientific Chemicals
44	NH_4Cl	A4514-500G	Sigma-Aldrich
45	$NH_4SO_4*7H_2O$	A5132-1K	Sigma-Aldrich
46	$NiCl_2*6H_2O$	654507-5G	Sigma-Aldrich
47	Nicotinamide	10447710	Thermo scientific Chemicals
48	p-aminobenzoic acid	A9878-5G	Sigma-Aldrich
49	Pantothenic acid	21210-5G-F	Sigma-Aldrich
50	Phenylalanine	11468840	Thermo scientific Chemicals
51	Proline	11439512	Thermo scientific Chemicals
52	pyridoxamine	10785052	Thermo scientific Chemicals
53	Pyruvic acid	10562721	Thermo scientific Chemicals
54	Riboflavin	10593871	Thermo scientific Chemicals
55	Serine	11489113	Thermo scientific Chemicals
56	Thiamine	10477540	Thermo scientific Chemicals
57	Tween80	P4780-500ML	Sigma-Aldrich
58	Urea	U5378-1K	Sigma-Aldrich
59	Uric acid	U2625-100G	Sigma-Aldrich
60	$ZnCl_2$	208086-5G	Sigma-Aldrich

713 **Supplementary Protocols 2**
714 **SimUrine.v1**
715
716 **Protocol for 500 ml of media 1X.**
717
718 Add 200 ml of H_2O to a bottle and add the following reagents one by one.
719

Reagent	g	g/L
Na_2SO_4	0.85	1.7
NaCl	0.878	1.756
Na_2HPO_4	0.3315	0.663
NH_4Cl	0.633	1.266
NaH_2PO_4	1.12	2.24
KCl	1.154	2.308
n-acetyl-glucosamine	2.765	5.53
L-threonine	0.75	1.5
$CaCl_2 \cdot H2O$	0.122	0.244

720
721 Dissolve individually in 5 ml of HCl 1M and add to the media.
722
723 0.25 g L-cysteine
724 0.25 g L-serine
725
726 Add: Lactic acid 75 µL, Pyruvic acid 4.46 µL, Acetic acid 4.46 µL
727
728 Dissolve individually in 20 ml of H_2O and add to the media:
729
730 Creatinine 0.44 g, $MgSO_4$*7H2O 0.54 g, NH_4SO_4*7H2O 0.014 g,
731 Potassium citrate 0.484 g
732
733 Add 60 ml of H_2O to complete ~350 ml.
734
735 Autoclave (adjust pH 6.5)
736
737 Add 10 ml of uric acid solution and 1 ml solution of $NH_4C_2O_4$ (See Supplementary protocol 1).
738
739 Add 7.5 g of urea, adjust pH to 6.5, complete with sterile water, and filter.

 SimUrine.v2

742 **Protocol for 500 ml of media 1X.**

744 Add 200 ml of H_2O to a bottle and add the following reagents one by one.

Reagent	g	g/L
Na_2SO_4	0.85	1.7
NaCl	0.878	1.756
Na_2HPO_4	0.3315	0.663
NH_4Cl	0.633	1.266
NaH_2PO_4	1.12	2.24
KCl	1.154	2.308
n-acetyl-glucosamine	2.765	5.53
L-threonine	0.75	1.5

Dissolve individually in 5 ml of HCl 1M and add to the media.

0.25 g L-cysteine

0.25 g L-serine

Add: Lactic acid 75 µL, Pyruvic acid 4.46 µL, Acetic acid 4.46 µL

Dissolve individually in 20 ml of H_2O and add to the media:

Creatinine 0.44 g, $MgSO_4$*7H2O 0.54 g, NH_4SO_4*7H2O 0.014 g,

Potassium citrate 0.484 g

Add 60 ml of H_2O to complete ~350 ml.

Autoclave (adjust pH 6.5)

Add 5 ml of vitamin mix 1, 5 ml of vitamin mix 2*, 1 ml solution of $NH_4C_2O_4$, 0.5 ml of

solution of trace elements 1 (Acid), 0.5 ml of solution of trace elements 2 (Basic). (See

Supplementary Protocol 1).

Add 10 ml of uric acid solution (12.5 g/L).

Add 7.5 g of urea, adjust pH to 6.5, complete with sterile water, and filter.

SimUrine.v3

Protocol for 500 ml of media 1X.

774 Add 200 ml of H_2O to a bottle and add the following reagents one by one.

Reagent	g	g/L
Na_2SO_4	0.85	1.7
NaCl	0.878	1.756
Na_2HPO_4	0.3315	0.663
NH_4Cl	0.633	1.266
NaH_2PO_4	1.12	2.24
KCl	1.154	2.308
n-acetyl-glucosamine	2.765	5.53
L-threonine	0.75	1.5

Dissolve individually in 5 ml of HCl 1M and add to the media.

0.25 g L-cysteine

0.25 g L-serine

Add: Lactic acid 75 µL, Pyruvic acid 4.46 µL, Acetic acid 4.46 µL

Dissolve individually in 20 ml of H_2O and add to the media:

Creatinine 0.44 g, $MgSO_4$*7H2O 0.54 g, NH_4SO_4*7H2O 0.014 g

Potassium citrate 0.484 g

Add 60 ml of H_2O to complete ~350 ml.

Autoclave (adjust pH 6.5)

Add 5 ml of vitamin mix 1, 5 ml of vitamin mix 2*, 1 ml solution of $NH_4C_2O_4$, 0.5 ml of

solution of trace elements 1 (Acid), 0.5 ml of solution of trace elements 2 (Basic), 2500 µL of

hemin solution (See Supplementary protocol 1).

Add 10 ml of uric acid solution (12.5 g/L).

Add 7.5 g of urea, adjust pH to 6.5, complete with sterile water, and filter.

805 **Protocol for 500 ml of media 1X.**

807 Add 200 ml of H_2O to a bottle and add the following reagents one by one.

Reagent	g	g/L
Na_2SO_4	0.85	1.7
NaCl	0.878	1.756
Na_2HPO_4	0.3315	0.663
NH_4Cl	0.633	1.266
NaH_2PO_4	1.12	2.24
KCl	1.154	2.308
n-acetyl-glucosamine	2.765	5.53
L-threonine	0.75	1.5
L-cysteine	0.25	0.5

Dissolve individually in 5 ml of HCl 1M and add to the media.

0.25 g L-cysteine

0.25 g L-serine

Add: Lactic acid 75 µL, Pyruvic acid 4.46 µL, Acetic acid 4.46 µL

Dissolve individually in 20 ml of H_2O and add to the media:

Creatinine 0.44 g, NH_4SO_4*7H2O 0.014 g

Potassium citrate 0.484 g

Add 60 ml of H_2O to complete ~350 ml.

Autoclave (adjust pH 6.5)

After autoclaving, add:

(Here and while media is hot, add Tween-80 1 ml per liter for *Lactobacillus* growth.)

a) 0.5 ml of solution of trace elements 1 (Acid)

b) 0.5 ml of solution of trace elements 2 (Basic)

c) 5 ml of vitamin mix 1

d) 5 ml of vitamin mix 2

e) 1 ml of solution of $MgSO_4$

f) 1 ml solution of $NH_4C_2O_4$.

g) 100 µL of solution of $MnSO_4$.

837        Adjust pH to 6.5 (~100µL of NaOH 10M)
838       **(Check/adjust pH (6.5) and add 5 ml of HEPES 1M)**
839
840 Add 7.5 g of **urea** and filter.
841
842 **After filtering**, add:
843
844  h) 5 ml of amino acids 10X solution.
845
846  i) 2500 µL of hemin solution. (check pH, add ~500 µL HCl 1M. Final pH 6.5)
847
848  j) 10 ml of uric acid solution.
849
850 **Complete volume to 500 ml with autoclaved H$_2$O. pH should stay stable.**

                                    SimUrine.v5.

Protocol for 500 ml of media 1X.

Add 200 ml of H_2O to a bottle and add the following reagents one by one.

Reagent	g	g/L
Na_2SO_4	0.85	1.7
NaCl	0.878	1.756
Na_2HPO_4	0.3315	0.663
NH_4Cl	0.633	1.266
NaH_2PO_4	1.12	2.24
KCl	1.154	2.308
n-acetyl-glucosamine	2.765	5.53
L-threonine	0.75	1.5
L-cysteine	0.25	0.5

Dissolve individually in 5 ml of HCl 1M and add to the media.

0.25 g L-cysteine

0.25 g L-serine

Add: Lactic acid 75 µL, Pyruvic acid 4.46 µL, Acetic acid 4.46 µL

Dissolve individually in 20 ml of H_2O and add to the media:

Creatinine 0.44 g, NH_4SO_4*7H2O 0.014 g

Potassium citrate 0.484 g

Add 60 ml of H_2O to complete ~350 ml.

Autoclave (adjust pH 6.5)

After autoclaving, add:

    (Here and while media is hot, add Tween-80 1 ml per liter for *Lactobacillus* growth.)

    a) 0.5 ml of solution of trace elements 1 (Acid)

    b) 0.5 ml of solution of trace elements 2 (Basic)

    c) 5 ml of vitamin mix 1

    d) 5 ml of vitamin mix 2

    e) 1 ml of solution of $MgSO_4$

885   f) 1 ml solution of $NH_4C_2O_4$.
886   g) 100 µL of solution of $MnSO_4$.
887
888
889   Adjust pH to 6 (~100µL of NaOH 10M)
890   **(Check/adjust pH (6) and add MOPS 2.1 g/L)**
891

Add **2.5 g** of **urea** and filter.

After filtering, add:

k) 5 ml of amino acids 100X solution.

l)   2500 µL of hemin solution. (check pH, add ~500 µL HCl 1M. Final pH 6.5)

m) 10 ml of uric acid solution.

Complete volume to 500 ml with autoclaved H_2O. pH should stay stable.

References

Al Lawati, H., Blair, B. M., & Larnard, J. (2024). Urinary Tract Infections: Core Curriculum 2024. *American Journal of Kidney Diseases*, *83*(1), 90–100. https://doi.org/10.1053/j.ajkd.2023.08.009

Armstrong, L. E., Herrera Soto, J. A., Hacker, F. T., Casa, D. J., Kavouras, S. A., & Maresh, C. M. (1998). Urinary Indices during Dehydration, Exercise, and Rehydration. *International Journal of Sport Nutrition*, *8*(4), 345–355. https://doi.org/10.1123/ijsn.8.4.345

Asscher, A. W., Sussman, M., Waters, W. E., Davis, R. H., & Chick, S. (1966). Urine as a medium for bacterial growth. *The Lancet*, *288*(7472), 1037–1041. https://doi.org/10.1016/S0140-6736(66)92023-X

Brooks, T., & Keevil, C. W. (1997). A simple artificial urine for the growth of urinary pathogens. *Letters in Applied Microbiology*, *24*(3), 203–206. https://doi.org/10.1046/j.1472-765X.1997.00378.x

Chutipongtanate, S., & Thongboonkerd, V. (2010). Systematic comparisons of artificial urine formulas for in vitro cellular study. *Analytical Biochemistry*, *402*(1), 110–112. https://doi.org/10.1016/j.ab.2010.03.031

Croxall, G., Hale, J., Weston, V., Manning, G., Cheetham, P., Achtman, M., & McNally, A. (2011). Molecular epidemiology of extraintestinal pathogenic Escherichia coli isolates from a regional cohort of elderly patients highlights the prevalence of ST131 strains with increased antimicrobial resistance in both community and hospital care settings. *Journal of Antimicrobial Chemotherapy*, *66*(11), 2501–2508. https://doi.org/10.1093/jac/dkr349

Fazil Marickar, Y. M. (2010). Electrical conductivity and total dissolved solids in urine. *Urological Research*, *38*(4), 233–235. https://doi.org/10.1007/s00240-009-0228-y

Geaman, W., Choi, B. I., Kaindl, J., Gonzalez, C., & Wolfe, A. J. (2024). Microbroth dilution

method for antibiotic susceptibility testing of fastidious and anaerobic bacteria of the

urinary microbiome. *Microbiology Spectrum*, *12*(6), e0031424.

https://doi.org/10.1128/spectrum.00314-24

Göbbels, L., Poehlein, A., Dumnitch, A., Egelkamp, R., Kröger, C., Haerdter, J., Hackl, T., Feld,

A., Weller, H., Daniel, R., Streit, W. R., & Schoelmerich, M. C. (2021). Cysteine: An

overlooked energy and carbon source. *Scientific Reports*, *11*(1), 2139.

https://doi.org/10.1038/s41598-021-81103-z

Haley, E., Luke, N., Korman, H., Baunoch, D., Wang, D., Zhao, X., & Mathur, M. (2023).

Improving Patient Outcomes While Reducing Empirical Treatment with Multiplex-

Polymerase-Chain-Reaction/Pooled-Antibiotic-Susceptibility-Testing Assay for

Complicated and Recurrent Urinary Tract Infections. *Diagnostics (Basel, Switzerland)*,

13(19), 3060. https://doi.org/10.3390/diagnostics13193060

Hilt, E. E., McKinley, K., Pearce, M. M., Rosenfeld, A. B., Zilliox, M. J., Mueller, E. R.,

Brubaker, L., Gai, X., Wolfe, A. J., & Schreckenberger, P. C. (2014). Urine Is Not Sterile:

Use of Enhanced Urine Culture Techniques To Detect Resident Bacterial Flora in the

Adult Female Bladder. *Journal of Clinical Microbiology*, *52*(3), 871–876.

https://doi.org/10.1128/JCM.02876-13

Hogins, J., Fan, E., Seyan, Z., Kusin, S., Christie, A. L., Zimmern, P. E., & Reitzer, L. (2022).

Bacterial Growth of Uropathogenic Escherichia coli in Pooled Urine Is Much Higher than

Predicted from the Average Growth in Individual Urine Samples. *Microbiology Spectrum*,

10(5), e0201622. https://doi.org/10.1128/spectrum.02016-22

Inman, B. A., Etienne, W., Rubin, R., Owusu, R. A., Oliveira, T. R., Rodriques, D. B., Maccarini,

P. F., Stauffer, P. R., Mashal, A., & Dewhirst, M. W. (2013). The impact of temperature

and urinary constituents on urine viscosity and its relevance to bladder hyperthermia

treatment. *International Journal of Hyperthermia*, *29*(3), 206–210.

https://doi.org/10.3109/02656736.2013.775355

Kwoji, I. D., Okpeku, M., Adeleke, M. A., & Aiyegoro, O. A. (2022). Formulation of Chemically

Defined Media and Growth Evaluation of Ligilactobacillus salivarius ZJ614 and

Limosilactobacillus reuteri ZJ625. *Frontiers in Microbiology*, *13*.

https://doi.org/10.3389/fmicb.2022.865493

Lewis II, J., Weinstein, M. P., Bobenchik, A. M., Campeau, S., Cullen, S. K., Dingle, T., Galas,

M. F., Humphries, R. M., Kirn, T. J. Jr., Limbargo, B., Mathers, A. J., Pierce, S. S., Satlin,

M., Schuetz, A., Sharp, S., & Simner, P. J. (2023). *Performance Standards for*

Antimicrobial Susceptibility Testing. (33 rd). Clinical and Laboratory Standards Institute

(CLSI).

Liu, Y.-K., Kuo, H.-C., Lai, C.-H., & Chou, C.-C. (2020). Single amino acid utilization for

bacterial categorization. *Scientific Reports*, *10*(1). https://doi.org/10.1038/s41598-020-

69686-5

Moreland, R. B., Brubaker, L., Tinawi, L., & Wolfe, A. J. (2025a). Rapid and accurate testing for

urinary tract infection: New clothes for the emperor. *Clinical Microbiology Reviews*,

38(1), e0012924. https://doi.org/10.1128/cmr.00129-24

Moreland, R. B., Brubaker, L., Tinawi, L., & Wolfe, A. J. (2025b). Rapid and accurate testing for

urinary tract infection: New clothes for the emperor. *Clinical Microbiology Reviews*,

38(1), e0012924. https://doi.org/10.1128/cmr.00129-24

Neugent, M. L., Hulyalkar, N. V., Kumar, A., Xing, C., Zimmern, P. E., Shulaev, V., & De Nisco,

N. J. (2023). Urinary Glycosaminoglycans Are Associated with Recurrent UTI and

Urobiome Ecology in Postmenopausal Women. *ACS Infectious Diseases*, *9*(4), 1022–

1032. https://doi.org/10.1021/acsinfecdis.3c00027

Perrier, E. T., Buendia-Jimenez, I., Vecchio, M., Armstrong, L. E., Tack, I., & Klein, A. (2015).

Twenty-Four-Hour Urine Osmolality as a Physiological Index of Adequate Water Intake.

Disease Markers, *2015*, 1–8. https://doi.org/10.1155/2015/231063

Price, T. K., Dune, T., Hilt, E. E., Thomas-White, K. J., Kliethermes, S., Brincat, C., Brubaker,

L., Wolfe, A. J., Mueller, E. R., & Schreckenberger, P. C. (2016). The Clinical Urine

Culture: Enhanced Techniques Improve Detection of Clinically Relevant

Microorganisms. *Journal of Clinical Microbiology*, *54*(5), 1216–1222.

https://doi.org/10.1128/JCM.00044-16

Putnam, D. F., & McDonnell Douglas Astronautics Company-West. (1971). *Composition and*

concentrative properties of human urine (71N32520; No. NASA-CR-1802). Washington :

National Aeronautics and Space Administration ; Springfield, Va. : Distributed by

National Technical Information Service; Legacy CDMS.

https://ntrs.nasa.gov/api/citations/19710023044/downloads/19710023044.pdf

Ramoneda, J., Jensen, T. B. N., Price, M. N., Casamayor, E. O., & Fierer, N. (2023). Taxonomic

and environmental distribution of bacterial amino acid auxotrophies. *Nature*

Communications, *14*(1). https://doi.org/10.1038/s41467-023-43435-4

Reitzer, L., & Zimmern, P. (2019). Rapid Growth and Metabolism of Uropathogenic Escherichia

coli in Relation to Urine Composition. *Clinical Microbiology Reviews*, *33*(1), e00101-19.

https://doi.org/10.1128/CMR.00101-19

995 Saguir, F. M., & De Nadra, M. C. M. (2007). Improvement of a Chemically Defined Medium for

996   the Sustained Growth of Lactobacillus plantarum: Nutritional Requirements. *Current*

997   *Microbiology*, *54*(6), 414–418. https://doi.org/10.1007/s00284-006-0456-0

998 Sarigul, N., Korkmaz, F., & Kurultak, İ. (2019). A New Artificial Urine Protocol to Better Imitate

999   Human Urine. *Scientific Reports*, *9*(1), 20159. https://doi.org/10.1038/s41598-019-

1000   56693-4

1001 Schmied, A., Murawski, A., Kolossa-Gehring, M., & Kujath, P. (2021). Determination of trace

1002   elements in urine by inductively coupled plasma-tandem mass spectrometry –

1003   Biomonitoring of adults in the German capital region. *Chemosphere*, *285*, 131425.

1004   https://doi.org/10.1016/j.chemosphere.2021.131425

1005 Shetty, S. A., Kuipers, B., Atashgahi, S., Aalvink, S., Smidt, H., & De Vos, W. M. (2022). Inter-

1006   species Metabolic Interactions in an In-vitro Minimal Human Gut Microbiome of Core

1007   Bacteria. *Npj Biofilms and Microbiomes*, *8*(1), 21. https://doi.org/10.1038/s41522-022-

1008   00275-2

1009 Sreedevi, V. S., Sajan, M. K., & Pradeep, K. (2024). A Urine agar medium: Development of a

1010   new human urine-based bacterial culture medium. *International Journal of Recent*

1011   *Scientific Research*, *15*(07), 4832–4835. https://doi.org/10.24327/IJRSR

1012 The MathWorks, Inc. (2025). *MATLAB* (Version 25.1.0.2897550 (R2025a Prerelease Update 5))

1013   [MATLAB; macOS 26.0 (Build 25A5306g)].

1014   https://www.mathworks.com/products/matlab.html

1015 U.S. Food and Drug Administration. (2011). *510(k) Substantial Equivalence Determination*

1016   *Decision Summary: VITEK 2 Gram Negative Trimethoprim/Sulfamethoxazole*. U.S.

Department of Health and Human Services, Food and Drug Administration; K110106.

https://www.accessdata.fda.gov/cdrh_docs/reviews/K110106.pdf

Veith, N., Solheim, M., Van Grinsven, K. W. A., Olivier, B. G., Levering, J., Grosseholz, R.,

Hugenholtz, J., Holo, H., Nes, I., Teusink, B., & Kummer, U. (2015). Using a Genome-

Scale Metabolic Model of Enterococcus faecalis V583 To Assess Amino Acid Uptake and

Its Impact on Central Metabolism. *Applied and Environmental Microbiology*, *81*(5),

1622–1633. https://doi.org/10.1128/aem.03279-14

Werneburg, G. T., Wagenlehner, F., Clemens, J. Q., Harding, C., & Drake, M. J. (2024). Towards

a Reference Standard Definition of Urinary Tract Infection for Research. *European*

Urology Focus, S2405456924001780. https://doi.org/10.1016/j.euf.2024.09.010

Yadav, A., Sharan, P., & Kumar, A. (2020). Surface plasmonic resonance based five layered

structure-biosensor for sugar level measurement in human. *Results in Optics*, *1*, 100002.

https://doi.org/10.1016/j.rio.2020.100002

Zandbergen, L. E., Halverson, T., Brons, J. K., Wolfe, A. J., & de Vos, M. G. J. (2021). The Good

and the Bad: Ecological Interaction Measurements Between the Urinary Microbiota and

Uropathogens. *Frontiers in Microbiology*, *12*, 659450.

https://doi.org/10.3389/fmicb.2021.659450

1034