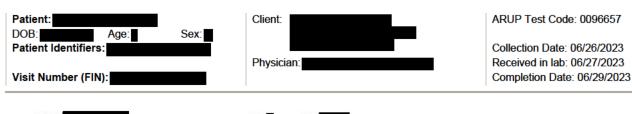
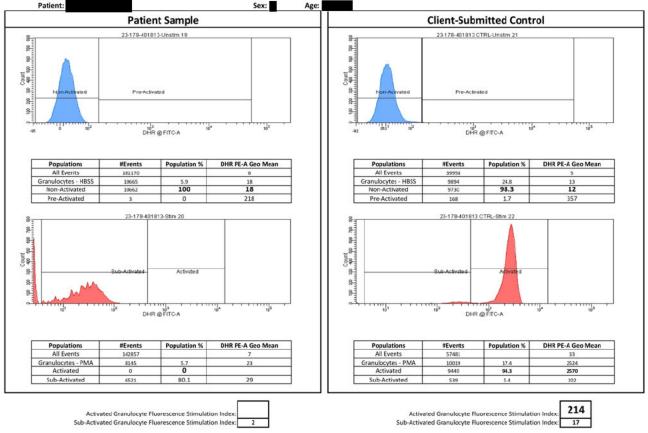


Neutrophil Oxidative Burst Assay (DHR)





Private Information

Interpretation:

No detectable increase in stimulated granulocyte dihydrorhodamine fluorescence, suggests chronic granulomatous disease or, less commonly, autosomal recessive chronic granulomatous disease. Suggest performing Neutrophil Oxidative Burst Assay on mother to distinguish between X-linked and autosomal recessive CGD. Recommend repeat testing or molecular testing on patient for confirmation.





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Chart continues on following page(s) ARUP Enhanced Reporting | June 29, 2023 | page 1 of 2 Patient: Patient Identifiers: | Date of Birth: | Sex: | Physician: | Visit Number (FIN):

Interpretive Information

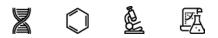
INTERPRETIVE INFORMATION: Neutrophil Oxidative Burst Assay

White blood cells are incubated with dihydrorhodamine 123 (DHR) and catalase then stimulated with Phorbol 12-Myristate 13-Acetate (PMA). Dihydrorhodamine oxidation to rhodamine by the respiratory burst of the cell is measured by flow cytometry.

Results are reported as the ratio of the mean channel fluorescence of stimulated cells versus unstimulated cells, which yields a stimulation index (SI).

This test requires the submission of a client control sample to determine whether abnormal results observed in the patient sample are due to artifacts of specimen collection, transport, and/or handling, or patient condition. Abnormal patient results in the absence of a client submitted control sample should be correlated clinically and interpreted with caution.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.



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