

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB

██████████

Gender:

Female

Patient Identifiers:

01234567890ABCD, 012345

Visit Number (FIN):

01234567890ABCD

Collection Date:

00/00/0000 00:00

Microsatellite Instability (MSI), HNPCC/Lynch Syndrome, by PCR

ARUP test code 0051740

Microsatellite Instability Specimen

Tissue

Microsatellite Interpretation

High *

High: This patient has a tumor with instability in at least 2 of 5 mononucleotide microsatellite repeats.

This result has been reviewed and approved by Anna Matynia, M.D.

H=High, L=Low, *=Abnormal, C=Critical

INTERPRETIVE DATA: Microsatellite Instability by PCR

Samples from a tumor specimen and normal tissue are amplified by PCR for the five microsatellite markers: BAT-25, BAT-26, MONO-27, NR-21, and NR-24. Fluorescently labeled products are detected and sized by capillary electrophoresis. Patterns of normal and tumor genotypes are compared for each marker and scored as stable or unstable.

Microsatellite instability (MSI)-High indicates a tumor with instability in two or more mononucleotide microsatellite repeats. MSI-High occurs in approximately 90% of colorectal cancers from individuals with Lynch syndrome, also known as hereditary nonpolyposis colorectal cancer (HNPCC), and in 10-15% of sporadic colon cancer.

MSI-Indeterminate indicates a tumor with instability in one of five mononucleotide microsatellite repeats. Since instability in even a single mononucleotide marker can be indicative of a mismatch repair deficient tumor, we recommend that these results be analyzed in concert with immunohistochemistry (IHC) staining for mismatch repair proteins (test 0049302).

MSI-Stable indicates a lack of microsatellite instability in a tumor. A lack of microsatellite instability would be unusual in colorectal cancers from individuals with Lynch syndrome (HNPCC), although it does not completely exclude this possibility. Evaluation of mismatch repair deficiency by Microsatellite Instability by Immunohistochemical Stain (0049302) may be helpful in this determination. This interpretation may not apply to tumors other than colon cancers. The lack of microsatellite instability does not rule out the possibility of other colon cancer-associated genetic disorders.

Please correlate with clinical findings. Genetic counseling is recommended.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Microsatellite Marker BAT-26	Unstable	*
Microsatellite Marker NR-21	Unstable	*
Microsatellite Marker BAT-25	Unstable	*
Microsatellite Marker MONO-27	Unstable	*
Microsatellite Marker NR-24	Stable	

Block ID

H=High, L=Low, *=Abnormal, C=Critical

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Microsatellite Instability Specimen	18-199-148115	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Microsatellite Interpretation	18-199-148115	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Microsatellite Marker BAT-26	18-199-148115	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Microsatellite Marker NR-21	18-199-148115	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Microsatellite Marker BAT-25	18-199-148115	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Microsatellite Marker MONO-27	18-199-148115	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Microsatellite Marker NR-24	18-199-148115	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Block ID	18-199-148115	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical