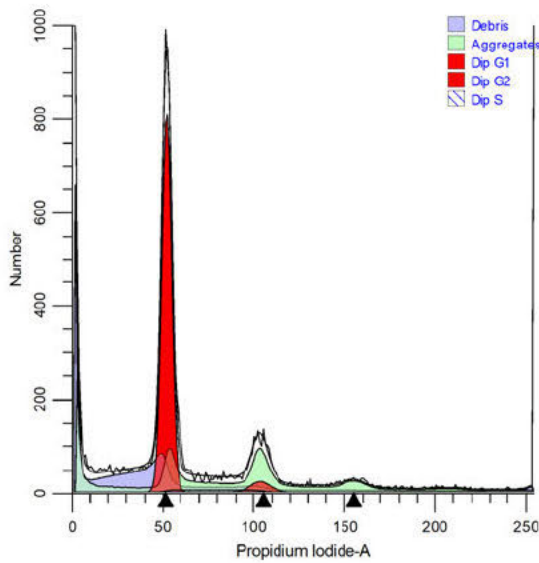


Patient: [REDACTED]
 DOB: [REDACTED] Age: 70 Sex: [REDACTED]
 Patient Identifiers: [REDACTED]
 Visit Number (FIN): [REDACTED]

Client: [REDACTED]
 Physician: [REDACTED]

ARUP Test Code: 0095155
 Collection Date: 03/14/2022
 Received in lab: 03/19/2022
 Completion Date: 03/24/2022

Patient Name: [REDACTED] Age: 70 Sex: [REDACTED] Sample: [REDACTED]
 Specimen Source and Type: COLON
 Laboratory Accession Number: 22-078-400663



File analyzed: [REDACTED]
 Date analyzed: 24-Mar-2022
 Model: 1DA0n_DSD
 Analysis type: Automatic analysis
 Auto Linearity: No
 Ploidy Mode: First cycle is diploid
 Diploid: 100.00 %
 Dip G1: 91.20 % at 51.66
 Dip G2: 4.91 % at 103.31
 Dip S: 3.90 % G2/G1: 2.00
 %CV: 5.07
 Total S-Phase: 3.90 %
 Total B.A.D.: 39.65 %
 Debris: 29.17 %
 Aggregates: 31.63 %
 Modeled events: 15048
 All cycle events: 5898
 Cycle events per channel: 112
 RCS: 2.261

Interpretation: Diploid

Prognostic Data: As described in a recent review [Nat Rev Clin Oncol, 2015, 13(5):291-304], three large scale DNA-Cytometry studies performed with multivariate analyses have demonstrated an independent prognostic benefit of DNA aneuploidy in defined cohorts of patients with M0 colorectal cancer, in particular, stage II [Br J Cancer, 2014, 110(8):2159-64; Am J Gastro, 2013, 108(11):1785-93; Gastroent, 2005, 131(3):729-37]. Multivariate analyses indicate that tumor ploidy is an even stronger marker of prognosis than microsatellite instability in stage II colorectal cancer, with the presence of DNA aneuploidy being an independent indicator of a worse prognosis as measured by 5-year disease free survival.

ModFit LT V5.0.9(Win)

These results have been reviewed and approved by [REDACTED].



Patient: [REDACTED]
 ARUP Accession: 22-078-400663

DNA Cell Cycle Analysis - Ploidy and S-Phase

Patient: [REDACTED] | Date of Birth: [REDACTED] | Sex: [REDACTED] | Physician: [REDACTED]
Patient Identifiers: [REDACTED] | Visit Number (FIN): [REDACTED]

Interpretive Data

INTERPRETIVE DATA: DNA Analysis - Ploidy and S-Phase
The diagnostic and prognostic importance of tumor DNA content depends on the tumor type and source of tissue. Interpretive information, if available for the tumor type, is included with the DNA histogram.

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.



Patient: [REDACTED]
ARUP Accession: 22-078-400663