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

Physician: Doctor, Example

Patient: Patient, Example

DOB	Unknown
Gender:	Unknown
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

Lymphocyte Mitogen Proliferation

ARUP test code 0096043

Lymphocyte Mitogen Proliferation	See Note

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

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.

	Patient		Client Control		Lab Control	
	CPM	SI*	CPM	SI*	CPM	SI*
Media alone	73	1	192	1	80	1
PHA 1:20	16642	228	90995	474	283952	3549
PHA 1:50	6844	94	82518	430	284019	3550
CON A 1:40	5915	81	122520	638	245741	3072
CON A 1:200	531	7	19562	102	81006	1013
Media alone	177	1	141	1	113	1
PWM 1:40	11458	65	61029	433	75991	672
PWM 1:200	14347	81	71784	509	95023	841

Interpretation:
Low Lymphocyte responses to PHA.
Low Lymphocyte responses to Con A.
Low Lymphocyte responses to Pokeweed Mitogen.

[redacted]

Phytohemagglutinin, concanavalin A and pokeweed mitogen are tested independently in lymphocyte culture. Lymphocyte proliferation in response to the non-specific mitogens phytohemagglutinin (PHA), concanavalin A (Con A) and pokeweed (PW) are determined by 3H-thymidine incorporation.

Results are reported as counts per minute (CPM) mitogen stimulated versus a control culture and a stimulation Index (SI) which represents the ratio of CPM of the stimulated lymphocytes to the mean CPM of the unstimulated control.

SI* = Stimulation Index (CPM Mitogen/CPM Media alone)

INTERPRETIVE INFORMATION: Lymphocyte Mitogen Proliferation

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.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Lymphocyte Mitogen Proliferation	23-054-117772	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