

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 1/8/1951
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Chimerism, Recipient Pre-Transplant

ARUP test code 2002065

Chimerism, Recipient Pre, Specimen whole Blood

Chimerism, Recipient Pre, Informative Loci 6

Chimerism, Recipient Pre, Interpretation Informative

This result has been reviewed and approved by [REDACTED]

BACKGROUND INFORMATION: Chimerism, Recipient Pre-Transplant

INDICATION: Monitoring for bone marrow transplant patients; correlation with clinical status and consideration of the interval between bone marrow transplantation and testing is necessary for proper interpretation of results.

METHODOLOGY: PCR followed by capillary electrophoresis. Specimens are analyzed using 15 autosomal markers (D8S1179, D21S11, D7S820, CSF1PO, D3S1358, TH01, D13S317, D16S539, D2S1338, D19S433, vwa, TPOX, D18S51, D5S818 and FGA) and one gender marker (amelogenin).

KIT USED: AmpFLSTR Identifier PCR Amplification Kit, Applied Biosystems.

LIMIT OF DETECTION: 2 percent of minor cell population.

LIMITATIONS: Diagnostic errors can occur due to rare sequence variations.

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.

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

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Chimerism, Recipient Pre, Specimen	21-138-138706	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Chimerism, Recipient Pre, Informative Loci	21-138-138706	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Chimerism, Recipient Pre, Interpretation	21-138-138706	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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 21-138-138706
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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