

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 6/3/1946  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**KIT Mutations in AML by Fragment Analysis and Sequencing**

ARUP test code 2002437

**Kit Mutations in AML**

Not Detected

No KIT mutation detected. This result does not rule out the possibility of a mutation below the detectable limit of the assay.

This result has been reviewed and approved by [REDACTED]

**BACKGROUND INFORMATION: KIT Mutations in AML by Fragment Analysis and Sequencing**

Total DNA is extracted and fragments containing KIT exons 8 and 17 are PCR amplified. Exon 8 fragments are analyzed by capillary electrophoresis to detect insertion/deletion mutations. Exon 17 fragments are sequenced. Mutations in the KIT gene at exons 8 or 17 are seen in a subset of cases of acute myeloid leukemia. In the context of acute myeloid leukemia with t(8;21)(q22;q22) or inv(16)(p13.1q22), the presence of KIT exon 8/17 mutations has been associated with a less favorable outcome. This test can detect mutations in exon 8 in samples with as little as 5% AML cells and mutations in exon 17 in samples with as little as 30% AML cells. Greater than 90% of known exon 8 mutation and all possible exon 17 mutations can be detected by this test.

Results of this test must always be interpreted in the context of morphologic and other relevant data, and should not be used alone for a diagnosis of malignancy. A negative result does not preclude the presence of KIT mutations below the detection limit of this test or the presence of novel rare mutations not detected by this test. This test is not intended to detect minimal residual disease or to assess response to treatment.

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

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

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Kit Mutations in AML	19-203-113625	7/22/2019 3:14:00 PM	7/23/2019 5:51:10 PM	7/28/2019 11:47:00 AM

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: 19-203-113625  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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