

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 12/10/1952
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Myelodysplastic Syndrome (MDS) Panel by FISH

ARUP test code 2002709

MDS Panel by FISH

See Note (Ref Interval: Normal)

Test Performed: Myelodysplastic Syndrome (MDS) Panel by FISH (FISH MDS P)

Specimen Type: Bone marrow

Indication for Testing: History of chimeric antigen receptor T-cell therapy, diffuse large B-cell lymphoma, anemia, myelodysplastic syndrome

RESULT

Abnormal FISH Result

Deletion 5q: not detected
Monosomy 7: not detected
Deletion 7q: not detected
Trisomy 8: not detected
Deletion 20q: DETECTED

INTERPRETATION

This analysis showed signal patterns consistent with deletion 20q12-q13.1 in 90/200 (45.0 percent) cells scored.

The remaining probes showed normal results.

This finding is recurrent in myeloid disorders.

MDS with deletion 20q is generally associated with a good prognosis. Note that deletion 20q as a sole abnormality is not considered definitive evidence for the diagnosis of MDS in the absence of morphological criteria.

Please correlate this result with clinical and other laboratory findings.

This analysis was performed with the MDS panel probes D5S23/EGR1, D7Z1/D7S486, CEP8 (Abbott Molecular), and Del(20q) (CytoCell). A total of 200 cells were scored for each probe.

Cytogenomic Nomenclature (ISCN):

nuc
ish(D5S23, EGR1)x2[200], (D7Z1, D7S486)x2[200], (D8Z2x2)[200], (D20s10 8, MYBL2)x1[90/200]

This result has been reviewed and approved by [REDACTED]

A portion of this analysis was performed at the following location(s):
[REDACTED]

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

INTERPRETIVE INFORMATION: MDS Panel by FISH

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.

EER MDS Panel by FISH

See Note

Access ARUP Enhanced Report using the link below:

[REDACTED]

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
MDS Panel by FISH	22-123-122517	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER MDS Panel by FISH	22-123-122517	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