

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

Physician: Doctor, Example

Patient: Patient, Example

DOB 6/22/2018
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Acute Lymphoblastic Leukemia (ALL) Panel by FISH, Pediatric

ARUP test code 2002719

ALL Panel by FISH, Pediatric

See Note

(Ref Interval: Normal)

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
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 22-343-132518
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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4848

Test Performed: Acute Lymphoblastic Leukemia (ALL) Panel by FISH, Pediatric
Specimen Type: Bone Marrow
Indication for Testing: New B ALL

RESULT
Abnormal FISH Result

Trisomy 4: DETECTED
t(9;22) BCR-ABL1 Fusion: not detected
Trisomy 10: DETECTED
11q23 (KMT2A) Rearrangement: not detected
12p (ETV6) Deletion: not detected
t(12;21) ETV6-RUNX1 Fusion: not detected
21q (RUNX1) Gain: DETECTED
21q (RUNX1) Amplification: not detected

INTERPRETATION

This analysis showed signal patterns consistent with:
- trisomy 4 in 189/200 (94.5 percent) cells scored.
- trisomy 10 in 181/200 (90.5 percent) cells scored.
- 21q22 (RUNX1) gain (3-4 copies total) in 181/200 (90.5 percent) cells scored. The majority of these (174/200, or 87.0 percent) showed 3 copies total.

The remaining probes showed normal results.

These findings are suggestive of a hyperdiploid clonal population, with gain of at least chromosomes 4, 10, and 21. B-ALL with hyperdiploidy is generally associated with a favorable prognosis.

This analysis was performed with the P ALL panel probes CEP4, BCR/ABL1/ASS1, CEP10, ETV6/RUNX1 (Abbott Molecular), and MLL (KMT2A) (CytoCell). A total of 200 cells were scored for each probe.

Cytogenomic Nomenclature (ISCN):

nuc
ish(CEP4x3)[189/200], (ASS1, ABL1, BCR)x2[200], (CEP10x3)[181/200], (KMT2Ax2)[200], (ETV6x2, RUNX1x3-4)[181/200]

This result has been reviewed and approved by [REDACTED]

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

INTERPRETIVE INFORMATION: ALL Panel by FISH, Pediatric

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 ALL Panel by FISH, Pediatric

See Note

Authorized individuals can access the ARUP Enhanced Report using the following link:
[REDACTED]

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

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
ALL Panel by FISH, Pediatric	22-343-132518	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER ALL Panel by FISH, Pediatric	22-343-132518	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

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