

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 9/6/1998
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Acute Lymphocytic Leukemia (ALL) Panel by FISH, Pediatric

ARUP test code 2002719

ALL Panel by FISH, Pediatric

See Note (Ref Interval: Normal)

Specimen Received
Specimen Type: Bone Marrow
Reason for Referral: ALL
Test Performed: FISH P ALL

NORMAL FISH RESULTS

4cen (CEP4): gain not detected
t(9;22)(q34;q11.2) (ABL1;BCR): translocation not detected
10cen (CEP10): gain not detected
11q23 (KMT2A; also known as MLL): rearrangement / deletion not detected
t(12;21)(p13;q22) (ETV6;RUNX1): translocation not detected
12p13 (ETV6): deletion not detected
21q22 (RUNX1): amplification not detected

DIAGNOSTIC IMPRESSION:

Fluorescence in situ hybridization (FISH) analysis was performed with chromosome 4 and 10 centromere probes, BCR/ABL1/ASS1 Tricolor, ETV6/RUNX1 (also known as TEL/AML1), and KMT2A (MLL) probes (Abbott Molecular). 200 interphase cells were scored for each probe combination.

This analysis showed normal results with no evidence of trisomy 4, trisomy 10, t(9;22)(q34;q11.2) (BCR-ABL1 translocation), 11q23 deletion or rearrangement involving the KMT2A (MLL) locus, t(12;21)(p13;q22) (ETV6-RUNX1 translocation) or 12p13 deletion involving the ETV6 locus, or 21q22 amplification involving the RUNX1 locus.

ISCN:

nuc ish(CEP4,ABL1,CEP10,KMT2A,ETV6,RUNX1,BCR)x2[200]

This result has been reviewed and approved by [REDACTED]

INTERPRETIVE INFORMATION: ALL Panel by FISH, Pediatric

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

EER ALL Panel by FISH, Pediatric

See Note

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

Access ARUP Enhanced Report using either link below:

-Direct access:

-Enter Username, Password:

Username:

Password:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
ALL Panel by FISH, Pediatric	20-217-142762	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER ALL Panel by FISH, Pediatric	20-217-142762	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: 20-217-142762
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 2 | Printed: 12/21/2020 5:28:56 PM
4848