

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 4/27/2005
Gender: Female
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)
Test Performed: Acute Lymphoblastic Leukemia (ALL) Panel by FISH, Pediatric
Specimen Type: Bone Marrow
Indication for Testing: Acute lymphoblastic leukemia not having achieved remission

RESULT
Normal FISH Result

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

INTERPRETATION
There was no evidence of trisomy 4, BCR-ABL1 fusion due to translocation (9;22)(q34;q11.2), trisomy 10, 11q23 KMT2A (MLL) rearrangement, ETV6-RUNX1 fusion due to translocation (12;21)(p13;q22), 12p13 (ETV6) deletion, or 21q22 (RUNX1) gain or amplification.

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(CEP4,ASS1,ABL1,CEP10,KMT2A,ETV6,RUNX1,BCR)x2[200]

This result has been reviewed and approved by [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

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

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

[REDACTED LINK]

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
ALL Panel by FISH, Pediatric	22-346-118014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER ALL Panel by FISH, Pediatric	22-346-118014	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: