

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 12/27/2005
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Paroxysmal Nocturnal Hemoglobinuria, High Sensitivity, WBC

ARUP test code 2005003

Neutrophil PNH Phenotype Detected (Ref Interval: Not Detected)

FLAER and CD157-deficient neutrophils **1.346 % H** (Ref Interval: 0.000-0.008)

WBC analysis is the most accurate measurement of the PNH clone size. In this high-sensitivity assay FLAER and CD157 are used as GPI-linked markers; CD15 (PMNs) and CD64 (monocytes) are used as lineage-specific markers. The assay was developed according to published guidelines (Cytometry B Clin. Cytom. 2010; 78:211) and as updated in 2018 (Cytometry B Clin. Cytom. 2018; 94B:49). The lower limit of quantification is 0.02 percent for PNH PMNs (based on 250,000 cells analyzed) and 0.5 percent for PNH monocytes (based on 10,000 cells analyzed). The lower limit of detection for PNH PMNs is 0.008 percent and for PNH monocytes 0.2 percent. For severely pan-cytopenic patients, the WBC assay sensitivity will be much lower.

The presence of a subclinical PNH population in myelodysplastic bone marrow disorders, such as aplastic anemia or refractory anemia, may correlate with a positive immunotherapeutic response (Blood 2006; 107, 1308-1314).

For initial diagnosis of PNH, order High Sensitivity RBC and WBC Panel (ARUP test code 2005006).

For delineation of RBC Types II and III populations when the RBC clone size is greater than 1 percent, order PNH, High Sensitivity, RBC (ARUP test code 2004366).

Patient Retesting Recommendations. The frequency of testing is dictated by clinical and hematological parameters. Repeat testing is indicated upon any significant change in clinical or laboratory parameters and is suggested at least annually for routine monitoring. In the setting of aplastic anemia, international guidelines recommend screening for PNH at diagnosis, and every 3 to 6 months initially, reducing the frequency of testing if the proportion of GPI-deficient cells has remained stable over an initial two year period (Int J Lab Hematol 2019;41 Suppl 1:73-81).

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.

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

Unless otherwise indicated, testing performed at:

Monocyte PNH Phenotype	Detected	(Ref Interval: Not Detected)
FLAER and CD157-deficient monocytes	1.111 % H	(Ref Interval: 0.000-0.200)

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Neutrophil PNH Phenotype	23-058-109617	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
FLAER and CD157-deficient neutrophils	23-058-109617	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Monocyte PNH Phenotype	23-058-109617	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
FLAER and CD157-deficient monocytes	23-058-109617	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
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 23-058-109617
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 2 | Printed: 3/23/2023 9:11:09 AM
4848