Paroxysmal Nocturnal Hemoglobinuria (PNH), High Sensitivity, RBC and WBC
ARUP test code 2005006

% PNH Monocytes
0.000 %  
(Ref Interval: 0.000-0.019)

% PNH PMN
0.004 %  
(Ref Interval: 0.000-0.004)

Suboptimal number of events were collected for PMN's that may affect the sensitivity of the assay. Please interpret with caution.

NO PHENOTYPIC EVIDENCE OF PNH.

INTERPRETIVE INFORMATION: Paroxysmal Nocturnal Hemoglobinuria (PNH), High Sensitivity, RBC and WBC

This test is preferred for the initial diagnosis of PNH, and was developed according to published guidelines (Cytometry B Clin. Cytom. 2010; 78:211) and as updated in 2014 (Cytometry B Clin. Cytom. 2014; 86:44). The test includes high-sensitivity WBC and RBC analysis with lower limits of detection of 0.005 percent for RBCs, 0.005 percent for PMNs, and 0.020 percent for monocytes.

WBC analysis is the most accurate measurement of the PNH clone size. FLAER and CD157 are used as GPI-linked markers; CD15 (PMNs) and CD64 (monocytes) are used as lineage-specific markers. RBC analysis quantifies Type II and Type III RBC clones when the percentage of PNH RBCs is greater than 1 percent. Glycophorin A (CD235a) is used to gate the RBC population, and CD59 is the GPI-linked antigen. Recent RBC transfusions may decrease the percentage of PNH cells measured in RBCs (Cytometry 2000; 42:223). 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).

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

% PNH RBC
0.000 %  
(Ref Interval: 0.000-0.004)

H=High, L=Low, *=Abnormal, C=Critical
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Accession</th>
<th>Collected</th>
<th>Received</th>
<th>Verified/Reported</th>
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<tr>
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