

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

Physician: Doctor, Example

## **Patient: Patient, Example**

DOB	12/31/2000
Gender:	Unknown
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
<b>Collection Date:</b>	00/00/0000 00:00

## ALK (D5F3) with Interpretation by Immunohistochemistry

ARUP test code 2007324

ALK(D5F3) by IHC Result

Positive Controls were run and performed as expected. This result has been reviewed and approved by M.D.

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: 23-060-104914 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 1 of 3 | Printed: 3/1/2023 12:44:44 PM 4848



INTERPRETIVE INFORMATION: ALK(D5F3) by IHC Result

A result of negative is defined by absence of cytoplasmic staining in tumor cells. A positive result is defined as the presence of strong and diffuse, cytoplasmic staining in tumor cells. An equivocal result is defined by weak and/or focal cytoplasmic staining. ALK Gene Rearrangements by FISH may be useful for resolving an equivocal IHC result. Positive IHC results may predict response to ALK inhibitors.

Controls were run and performed as expected.

This assay is performed on formalin fixed paraffin embedded tissue, using the ALK D5F3 clone and a proprietary multimer based detection system.

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.

## References

 Lindeman NI., Cagle PT., Aisner DL., et al. Updated Molecular Testing Guideline for the Selection of Lung Cancer Patients for Treatment With Targeted Tyrosine Kinase Inhibitors. Guideline From the College of American Pathologists, the International Association for the Study of Lung Cancer, and the Association for Molecular Pathology. J Mol Diagn 2018;20:129-59.
Rogers T-M., Russel PA., Wright G., et al. Comparison of Methods in the Detection of ALK and ROS1 Rearrangements in Lung Cancer. J Thorac Oncol 2015;10:611-8.
Wynes MW., Sholl LM., Dietel M., et al. An International Interpretation Study Using the ALK IHC Antibody D5F3 and a Sensitive Detection Kit Demonstrates High Concordance between ALK IHC and ALK FISH and between Evaluators. J Thorac Oncol 2014;9:631-8.
von Laffert M., Warth A., Penzel R., et al. Multicenter Immunohistochemical ALK-Testing of Non-Small-Cell Lung Cancer Shows High Concordance after Harmonization of Techniques and Interpretation Criteria. J Thorac Oncol 2014;9:1685-92.
Thorne-Nuzzo T., Williams C., Catallini A., et al. A Sensitive ALK Immunohistochemistry Companion Diagnostic Test Identifies Patients Eligible for Treatment with Crizotinib. J

**ALK Tissue Source** 

Lung

Thorac Oncol 2017;12:804-13.

ALK(D5F3) by IHC Reference Number

A-7777

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

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VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
ALK(D5F3) by IHC Result	23-060-104914	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ALK Tissue Source	23-060-104914	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ALK(D5F3) by IHC Reference Number	23-060-104914	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:

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