

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: Unknown
Gender: Unknown
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Chimerism, Additional Donor

ARUP test code 2008100

Chimerism, Donor, Specimen Cord blood

Chimerism, Donor, Recipient's Name See Note
Donor for: ██████████

Chimerism, Donor, Informative Loci 8

Chimerism, Donor, Interpretation Informative

This result has been reviewed and approved by ██████████

BACKGROUND INFORMATION: Chimerism, Donor

INDICATION: Monitoring for bone marrow transplant patients; correlation with clinical status and consideration of the interval between bone marrow transplantation and testing is necessary for proper interpretation of results.
METHODOLOGY: PCR followed by capillary electrophoresis. Specimens are analyzed using 15 autosomal markers (D8S1179, D21S11, D7S820, CSF1PO, D3S1358, TH01, D13S317, D16S539, D2S1338, D19S433, vwa, TPOX, D18S51, D5S818 and FGA) and one gender marker(amelogenin).
KIT USED: AmpFLSTR Identifiler PCR Amplification Kit, Applied Biosystems.
LIMIT OF DETECTION: 2 percent of minor cell population.
LIMITATIONS: Diagnostic errors can occur due to rare sequence variations.

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

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

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Chimerism, Donor, Specimen	20-317-403688	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Chimerism, Donor, Recipient's Name	20-317-403688	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Chimerism, Donor, Informative Loci	20-317-403688	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Chimerism, Donor, Interpretation	20-317-403688	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: 20-317-403688
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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