

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 4/24/2012  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Chimerism, Additional Donor**

ARUP test code 2008100

Chimerism, Donor, Specimen whole Blood

Chimerism, Donor, Recipient's Name See Note  
Donor for: [REDACTED]

Chimerism, Donor, Informative Loci 7

Chimerism, Donor, Interpretation Informative

This result has been reviewed and approved by [REDACTED]

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	17-186-401601	7/5/2017 12:13 00 PM	7/6/2017 3:58:08 PM	7/13/2017 2:51:00 PM
Chimerism, Donor, Recipient's Name	17-186-401601	7/5/2017 12:13 00 PM	7/6/2017 3:58:08 PM	7/13/2017 2:51:00 PM
Chimerism, Donor, Informative Loci	17-186-401601	7/5/2017 12:13 00 PM	7/6/2017 3:58:08 PM	7/13/2017 2:51:00 PM
Chimerism, Donor, Interpretation	17-186-401601	7/5/2017 12:13 00 PM	7/6/2017 3:58:08 PM	7/13/2017 2:51:00 PM

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: 17-186-401601  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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