ARUP LABORATORIES
800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Chief Medical Officer

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

Physician: Doctor, Example

Patient: Patient, Example

DOB	9/15/1961
Gender:	Male
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	01/01/2017 12:34

Lung Cancer Panel with KRAS

ARUP test code 2008895

KRAS Mutation Detection	Not Detected A mutation in KRAS codons 12, 13, or 61 was not detected. This result has been reviewed and approved by [redacted] INTERPRETIVE INFORMATION: KRAS Mutation Detection Oncogenic KRAS mutations have been linked with resistance to anti-EGFR therapies. Thus, determination of mutation status is useful in determining patient eligibility for this treatment. Methodology: DNA is isolated from microdissected tumor tissue and amplified for segments of the KRAS gene covering codons 12, 13, and 61. Mutation status for these three codons is determined by pyrosequencing. Limitations: Mutations in other locations within the KRAS gene or in other genes will not be detected. Limit of detection: 10 percent mutant alleles. Clinical Disclaimer: Results of this test must always be interpreted within the clinical context and other relevant data, and should not be used alone for a diagnosis of malignancy. This test is not intended to detect minimal residual disease. Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
EGFR by Pyrosequencing	Not Detected No EGFR mutation was detected. This result does not rule out the possibility of a mutation below the detectable limit of the assay. This result has been reviewed and approved by [redacted]

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

TEST INFORMATION: EGFR Mutation Detection by Pyrosequencing

Determining EGFR mutation status is useful in identifying patient eligibility for tyrosine kinase inhibitor (TKI) therapy. Specific oncogenic EGFR mutations in pulmonary adenocarcinomas are associated with clinical response or resistance to certain TKIs.

Methodology: DNA is isolated from microdissected tumor tissue and amplified for segments of the EGFR gene covering codons 719, 745-753, 768, 790, 858, and 861. Mutation status for these codons is determined by pyrosequencing.

Limitations: Mutations in other locations within the EGFR gene or in other genes will not be detected.

Limit of Detection: 10 percent mutant alleles.

Clinical Disclaimer: Results of this test must always be interpreted within the clinical context and other relevant data, and should not be used alone for the diagnosis of malignancy. This test is not intended to detect minimal residual disease.

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

Block ID	CF19-266 A
ALK(D5F3) by IHC Result	Negative This result has been reviewed and approved by [redacted] Controls performed as expected. TEST INFORMATION: ALK (D5F3) with Interpretation by IHC A result of negative is defined by absence of cytoplasmic staining in tumor cells. A positive result is defined as the presence of cytoplasmic staining in tumor cells. An equivocal result is defined by very weak cytoplasmic staining which is only visible on higher power by microscopy. 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. Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
ALK(D5F3) by IHC Reference Number	CF19-266 A
ROS1 by IHC Result	Negative This result has been reviewed and approved by [redacted] Controls performed as expected.

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

INTERPRETIVE INFORMATION: ROS1 by IHC with FISH Confirmation

Test Information:

An absence of cytoplasmic or membranous staining is defined as negative for ROS1 by Immunohistochemistry. Positive staining demonstrates both membranous and cytoplasmic staining and may predict patient response to tyrosine kinase inhibitor therapy (Crizotinib). An equivocal result is defined by any degree of cytoplasmic staining only. Equivocal and positive results by immunohistochemistry will be confirmed by fluorescent in-situ hybridization (FISH).

Controls were run and performed as expected.

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

ROS1 Client Block ID	CF19-266 A

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
KRAS Mutation Detection	19-231-112745	8/19/2019 10:24:00 AM	8/20/2019 1:53:40 PM	8/27/2019 12:52 00 PM
EGFR by Pyrosequencing	19-231-112745	8/19/2019 10:24:00 AM	8/20/2019 1:53:40 PM	8/26/2019 12:54:00 PM
Block ID	19-231-112745	8/19/2019 10:24:00 AM	8/20/2019 1:53:40 PM	8/20/2019 2:57 00 PM
ALK(D5F3) by IHC Result	19-231-112745	8/19/2019 10:24:00 AM	8/20/2019 1:53:40 PM	8/26/2019 1:16:00 PM
ALK(D5F3) by IHC Reference Number	19-231-112745	8/19/2019 10:24:00 AM	8/20/2019 1:53:40 PM	8/20/2019 2:57 00 PM
ROS1 by IHC Result	19-231-112745	8/19/2019 10:24:00 AM	8/20/2019 1:53:40 PM	8/26/2019 1:16:00 PM
ROS1 Client Block ID	19-231-112745	8/19/2019 10:24:00 AM	8/20/2019 1:53:40 PM	8/20/2019 2:57 00 PM

END OF CHART

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