

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

Physician: Doctor, Example

**Patient: Patient, Example**

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

**CALR (Calreticulin) Exon 9 Mutation Analysis by PCR**

ARUP test code 2010673

**CALR Exon 9 Mutation Analysis - Result**

**Not Detected**

A CALR exon 9 insertion/deletion mutation was not detected. This does not exclude the possibility of a CALR mutation that is not an exon 9 insertion/deletion. It also does not exclude the possibility of a CALR exon 9 insertion/deletion mutation below the assay limit of detection.

This result has been reviewed and approved by ██████████, M.D.

Test information: CALR (Calreticulin), Exon 9 Mutation Analysis by PCR

This test is designed to detect CALR exon 9 insertion/deletion mutations. Insertion/deletion mutations in exon 9 of the CALR gene result in a frameshift and are found in the majority of cases of the myeloproliferative neoplasms, essential thrombocythemia (ET) and primary myelofibrosis (PMF) that lack JAK2 V617F mutations.

**Methodology:**  
Genomic DNA is isolated from either whole blood or bone marrow. PCR followed by capillary electrophoresis is performed to detect CALR exon 9 insertion/deletion mutations.

**Limitations:**  
Mutations in other locations within the CALR gene or mutations in other genes will not be detected.  
The limit of detection for this test is 5 percent mutant alleles.

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 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.

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

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
CALR Exon 9 Mutation Analysis - Result	21-214-401053	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: 21-214-401053  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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