

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

Physician: Doctor, Example

Patient: Patient, Example

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

Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen

ARUP test code 2014694

Maternal Engraftment, Pre Interp

See Note

Section 79-1 of New York State Civil Rights Law requires informed consent be obtained from patients (or their legal guardians) prior to pursuing genetic testing. These forms must be kept on file by the ordering physician. Consent forms for genetic testing are available at www.aruplab.com. Incidental findings are not reported unless clinically significant but are available upon request.

This result has been reviewed and approved by [REDACTED]

BACKGROUND INFORMATION: Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen

INDICATION: Severe combined immunodeficiency (SCID) patients lack T cells and cannot recognize and reject maternal T cells from maternal-fetal transfusion. Maternal T cells can proliferate in the absence of host T cells, leading to difficulty in determining the host T cell numbers required for the diagnosis of SCID and/or can cause graft-versus-host disease-line (GVHD) presentation.

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).

LIMITATIONS: Diagnostic errors can occur due to rare sequence variations.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. 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
Maternal Engraftment, Pre Interp	23-282-117722	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