

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/8/1969  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**AAV5 Detect CDxTM -AAV5 Total Antibody Assay for ROCTAVIAN (valoctocogene roxaparvovec-rvox) Eligibility in Hemophilia A**

ARUP test code 3000959

AAV5 Tab Interp

Detected

INTERPRETIVE INFORMATION: AAV5 Detect CDxTM -AAV5 Total Antibody Assay for Valoctocogene Roxaparvovec Eligibility in Hemophilia A (Pharma, orderable by BioMarin only)

The AAV5 Total Antibody Assay is indicated as an aid in the selection of adult hemophilia A patients for whom valoctocogene roxaparvovec treatment is being considered. Patients who have a result of Detected are not eligible for treatment with valoctocogene roxaparvovec; patients who have a result of Not Detected are eligible for treatment with valoctocogene roxaparvovec.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
AAV5 Tab Interp	24-022-159059	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: