

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 10/5/1961
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

SP Final Report

ARUP test code 8070060

Submitting Physician [REDACTED]

Clinical History

As per requisition sheet, clinical history is listed as, status post orthotopic heart transplantation (HCC).

Diagnosis

HEART, TRANSPLANT BIOPSY:
- NO EVIDENCE OF ACUTE CELLULAR REJECTION.
- NEGATIVE FOR ANTIBODY MEDIATED REJECTION.

Grade: C 1 V 1 ISHLT OR pAMR 0

05/08/24 MPR/MPR

I certify that I personally conducted the diagnostic evaluation on the above specimens and have rendered the above diagnosis(es):

[REDACTED]
electronic signature

University of Utah Health Care, Department of Pathology
Huntsman Cancer Institute
2000 Circle of Hope, RM 3100
Salt Lake City UT 84112

Gross Description

Received is one specimen previously separated into two containers, each labeled with the patient's name and medical record number and "Endomyocardium - r/o rejection".

The first container is received with formalin and consists of 4 pieces of tan-red tissue, 0.1 x 0.1 x 0.1 cm to 0.4 x 0.2 x 0.1 cm. The tissue is entirely submitted for stat processing in one cassette labeled 1A.

The second container is received fresh and consists of 1 piece of tan-red tissue, 0.3 x 0.2 x 0.1 cm. The tissue is snap frozen and submitted for IMF testing.

TDH/TDH 05/07/24

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

Light Microscopy

Evaluable Pieces:	4
Infiltrated Pieces:	0
Inflammatory FOCI:	0
Space Occupying y-n:	N
Quilty y-n:	N
Biopsy Site y-n:	N
Myocyte Injury y-n:	N
Myocyte Necrosis y-n:	N
Polys y-n:	N
Chronic Rejection 1-5:	1
Myofil Loss - Vacuol 1-5:	1
Fibrosis 1-5:	2
Endothelial Swelling 1-5:	1
Vasculitis 1-5:	1
Edema: 1-5:	1
Hemorrhage 1-5:	1

Trichrome stain was performed.

Immunofluorescence		vascular	Interstitial
Ia	0-3+	1	0
C3d: myocytes	0-3+	0	1 focal necrotic
C4d: myocytes	0-3+	0	0.5 focal necrotic
Fibrin:	0-3+	0.5	0.5 focal

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Submitting Physician	SP-240-013170	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Clinical History	SP-240-013170	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Diagnosis	SP-240-013170	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Gross Description	SP-240-013170	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Light Microscopy	SP-240-013170	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Immunofluorescence	SP-240-013170	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: