

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

Kell K/k (KEL) Antigen Genotyping

ARUP test code 3002001

KEL GENO Specimen

Cultured Amnio

KEL Genotype

k/k

Indication for testing: Determine fetal kell genotype to assess risk for alloimmune hemolytic disease of the fetus and newborn (HDFN).

Fetal kell genotype: k/k

Interpretation: Two copies of the KEL*02 (k) allele were detected in this fetal sample; the KEL*01(K) allele was not detected. This genotype is predictive of a K-k+ phenotype.

This result has been reviewed and approved by Pinar Bayrak-Toydemir, M.D., Ph.D.

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

BACKGROUND INFORMATION: Kell K/k (KEL) Antigen Genotyping

CHARACTERISTICS: Erythrocyte alloimmunization may result in hemolytic transfusion reactions or hemolytic disease of the fetus and newborn (HDFN).
K ANTIGEN FREQUENCY: 9 percent of Caucasians, 2 percent of African Americans, rare in Asians.
INHERITANCE: Co-dominant.
CAUSE: Antigen-antibody mediated red-cell hemolysis between donor/recipient or transferred maternal antibodies.
POLYMORPHISM TESTED: Kell blood group KEL*01 (K), KEL*02 (k): c.578C>T, p.Thr193Met. The presence of KEL*01 allele predicts a K positive phenotype.
CLINICAL SENSITIVITY: 99 percent.
METHODOLOGY: Immucor PreciseType(TM) HEA Molecular BeadChip which is FDA-approved for clinical testing.
ANALYTIC SENSITIVITY AND SPECIFICITY: 99 percent.
LIMITATIONS: Bloody amniotic fluid samples may give false-negative results because of maternal cell contamination. Rare nucleotide changes leading to altered or partial antigen expression and null phenotypes are not detected by this assay. Patients who have had hematopoietic stem cell transplants may have inconclusive results on this test. Abnormal signal intensities may result in indeterminate genotyping results.

For quality assurance purposes, ARUP Laboratories will confirm the above result at no charge following delivery. Order Confirmation of Fetal Testing and include a copy of the original fetal report (or the mother's name and date of birth) with the test submission. Please contact an ARUP genetic counselor at (800) 242-2787 extension 2141 prior to specimen submission.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
KEL GENO Specimen	19-324-103081	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
KEL Genotype	19-324-103081	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