

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 9/30/1966  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Chronic Lymphocytic Leukemia Minimum Residual Disease by Flow Cytometry**

ARUP test code 3003142

**Interpretation**

See Note

SAMPLE: Peripheral Blood

INTERPRETATION:  
NEGATIVE for persistent/recurrent CLL/SLL (see comment)

COMMENT:  
The limit of detection of this assay is estimated to be 0.005%

ANALYSIS:  
Total viable leukocytes collected: 1147866  
Estimated specimen viability: 91%

Antigens examined: CD3, CD5, CD19, CD20, CD22, CD43, CD45,  
CD79a, CD81, CD200  
Number of markers assessed:10

These results have been reviewed and approved by [REDACTED].  
11/04/2020 16:22

INTERPRETIVE INFORMATION: Chronic Lymph Leuk MRD by Flow  
Cytometry

Test developed and characteristics determined by ARUP  
Laboratories. See Compliance Statement A: aruplab.com/CS

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Interpretation	20-309-124334	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**