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

Physician: Doctor, Example

Patient: Patient, Example

DOB	12/31/1752
Sex:	Female
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	01/01/2017 12:34

Pancreatitis Panel (CFTR, CTRC, PRSS1, SPINK1), Sequencing

ARUP test code 3004788

PANC Specimen	Whole Blood
PANC Interp	Negative

RESULT
No pathogenic variants were detected in any of the genes tested.

INTERPRETATION
No pathogenic variants were identified by sequencing of the coding regions and exon-intron boundaries of the genes tested. This result decreases the likelihood of, but does not exclude, a genetic etiology for pancreatitis. Please refer to the background information included in this report for a list of the genes analyzed and limitations of this test.

RECOMMENDATIONS
Medical screening and management should rely on clinical findings and family history. If clinical suspicion for hereditary pancreatitis and/or a CFTR-related disorder remains, consider sweat chloride testing and deletion/duplication analysis of the CFTR, PRSS1, and SPINK1 genes (Deletion/Duplication Analysis by MLPA, ARUP test code 3003144). Genetic consultation is recommended.

COMMENTS
Likely benign and benign variants are not reported.

This result has been reviewed and approved by [redacted]

BACKGROUND INFORMATION: Pancreatitis Panel (CFTR, CTRC, PRSS1, SPINK1), Sequencing

CHARACTERISTICS: Pancreatitis is a relatively common disorder with multiple etiologies that causes inflammation in the pancreas. Acute pancreatitis (AP) is a result of sudden inflammation, and patients may present with increased pancreatic enzyme concentrations. Chronic pancreatitis (CP) is a syndrome of progressive inflammation that may lead to permanent damage to pancreatic structure and function. Genetic testing can be utilized to determine a genetic cause of idiopathic or hereditary AP or CP and/or to assess risk of disease in family members.

EPIDEMIOLOGY: CP affects approximately 4-12 per 100,000 individuals per year.

CAUSE: Pathogenic germline variants in genes associated with idiopathic pancreatitis.

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

INHERITANCE: Autosomal dominant for PRSS1; autosomal recessive/digenic for CFTR, CTRC, and SPINK1.

CLINICAL SENSITIVITY: Approximately 48 percent of idiopathic pancreatitis.

GENES TESTED: CFTR (NM_000492), CTRC (NM_007272), PRSS1 (NM_002769), SPINK1 (NM_003122)
Deletion/duplication analysis is not available for these genes.

METHODOLOGY: Probe hybridization-based capture of all coding exons and exon-intron junctions of the targeted genes, including intronic variants 5T (IVS8), c.1680-886A>G (c.1679+1.6kbA>G), and c.3718-2477C>T of the CFTR gene, followed by massively parallel sequencing. Sanger sequencing was performed as necessary to fill in regions of low coverage or known low quality, and to confirm reported variants that do not meet acceptable quality metrics.

ANALYTICAL SENSITIVITY/SPECIFICITY: The analytical sensitivity is approximately 99 percent for single nucleotide variants (SNVs) and greater than 93 percent for insertions/duplications/deletions (indels) from 1-10 base pairs in size. Indels greater than 10 base pairs may be detected but the analytical sensitivity may be reduced.

LIMITATIONS: A negative result does not exclude a heritable form of pancreatitis. This test only detects variants within the coding regions and intron-exon boundaries of the targeted genes. Deletions/duplications/insertions of any size may not be detected by massively parallel sequencing. Regulatory region variants, deep intronic variants, and large deletions/duplications will not be identified. Diagnostic errors can occur due to rare sequence variations. In some cases, variants may not be identified due to technical limitations caused by the presence of pseudogenes, repetitive, or homologous regions. This test is not intended to detect low-level mosaic or somatic variants, gene conversion events, complex inversions, translocations, mitochondrial DNA (mtDNA) mutations, or repeat expansions. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplantation. Noncoding transcripts were not analyzed.

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.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
PANC Specimen	22-136-101206	5/16/2022 8:45 00 AM	5/16/2022 8:45:30 AM	5/16/2022 9:01:00 AM
PANC Interp	22-136-101206	5/16/2022 8:45 00 AM	5/16/2022 8:45:30 AM	5/16/2022 9:01:00 AM

END OF CHART

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