

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/8/1988  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Acute Myeloid Leukemia Panel by FISH**

ARUP test code 3016654

**FISH AML Panel**

See Note (Ref Interval: Normal)  
Test Performed: Acute Myeloid Leukemia Panel by FISH (FISHAML)  
Specimen Type: Bone Marrow  
Indication for Testing: AML not having achieved remission  
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**RESULT**  
Normal FISH Result  
  
inv(3) or t(3;3) RPN1::MECOM Fusion: not detected  
Deletion 5q: not detected  
Monosomy 7: not detected  
Deletion 7q: not detected  
t(8;21) RUNX1::RUNX1T1 Fusion: not detected  
11p15 (NUP98) Rearrangement: not detected  
11q23 (KMT2A) Rearrangement: not detected  
inv(16) or t(16;16) CFBF::MYH11 Fusion: not detected  
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**INTERPRETATION**  
There was no evidence of RPN1::MECOM fusion due to 3q21/3q26.2 inversion or translocation, deletion 5q31, monosomy 7, deletion 7q31, RUNX1::RUNX1T1 fusion due to translocation (8;21)(q21.3;q22), 11p15 (NUP98) rearrangement, 11q23 KMT2A (MLL) rearrangement, or CFBF::MYH11 fusion due to either 16p13.1/16q22 inversion or translocation.  
  
This analysis was performed with the AML panel probes RPN1/MECOM, D5S23/EGR1, D7Z1/D7S486, RUNX1/RUNX1T1 (Abbott Molecular), NUP98 and CFBF-MYH11 (MetaSystems), and MLL (KMT2A) (CytoCell). A total of 200 cells were scored for each probe.  
  
Cytogenomic Nomenclature (ISCN):  
nuc  
ish(RPN1,MECOM,D5S23,EGR1,D7Z1,D7S486,RUNX1T1,NUP98,KMT2A,MYH11,CBFB,RUNX1)x2[200]

This result has been reviewed and approved by [REDACTED]

A portion of this analysis was performed at the following location(s):  
[REDACTED]

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

INTERPRETIVE INFORMATION: AML Panel by FISH

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

EER AML Panel by FISH

See Note

Authorized individuals can access the ARUP Enhanced Report using the following link:

[REDACTED]

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
FISH AML Panel	23-269-114727	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER AML Panel by FISH	23-269-114727	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