ARUP LABORATORIES
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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

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

Physician: Doctor, Example

Patient: Patient, Example

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

RhD Gene (RHD) Copy Number by PCR

ARUP test code 3019342

RhD Gene (RHD) Copy Number Specimen	Whole Blood
RhD Gene (RHD) Copy Number	2 copies

Indication for testing: Determine parental or neonatal RhD copy number to assess risk for alloimmune hemolytic disease in offspring.

Homozygous: Two copies of the RhD allele were detected in this whole blood sample, predictive of an RhD-positive phenotype in this individual. All of this individual's offspring will inherit an RhD allele which is predicted to result in an RhD positive phenotype. Please refer to the background information included in this report for limitations of this test.

This result has been reviewed and approved by [redacted]

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

BACKGROUND INFORMATION: RhD Gene (RHD) Copy Number by PCR

CHARACTERISTICS: Fetal or neonatal erythroblastosis and hydrops.
INCIDENCE OF RHD NEGATIVE GENOTYPE: 15 percent Whites, 5 percent African Americans, less than 1 percent Asians.
INHERITANCE: Autosomal recessive.
CAUSE: Maternal-fetal Rh D antigen incompatibility.
CLINICAL SENSITIVITY: Greater than 98 percent.
METHODS: Determine the presence of the RHD exons 5, 7, and a 37 base pair insertion in the intron 3/exon 4 boundary by Polymerase Chain Reaction (PCR)/ Fluorescence Monitoring. Allelic height ratios are used to determine the number of copies of RHD as compared to RHCE.
ANALYTICAL SENSITIVITY AND SPECIFICITY: Greater than 99 percent.
LIMITATIONS: Does not identify or distinguish between partial and weak RHD genotypes. Specificity may be compromised by variants in primer sites or those outside the RHD exons examined. Diagnostic errors can occur due to rare sequence variations. A fetal sample is required for determination of fetal RHD genotype. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplantation.

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.

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
RhD Gene (RHD) Copy Number Specimen	25-204-102533	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
RhD Gene (RHD) Copy Number	25-204-102533	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