

Patient Name ENHANCEDREP,VLD20150821A0075	Patient ID SA00003005	Age 34	Gender M	Order # SA00003005
Ordering Phys CLIENT,CLIENT			DOB 01/01/1981	
Client Order # SA00003005		Account Information		Report Notes
Collected 08/20/2015 12:57		C7028846-DLMP Rochester		
Printed 08/25/2015 15:42		SDSC 2 - Client Support Rochester, MN 55901		

Test	Flag	Results	Unit	Reference Value	Perform Site*
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BCR/ABL, p190, Quant, Monitor

Specimen Type Peripheral blood

MCR
MCR

Final Diagnosis:
Peripheral blood, BCR/ABL mRNA level analysis (p190 fusion form):

Negative. No BCR/ABL p190 mRNA transcripts were detected (%bcr/abl(p190):abl=0).

Signing Pathologist: Melissa Tricker-Klar

-----ADDITIONAL INFORMATION-----
Method summary-BCR/ABL, p190 fusion: BCR/ABL p190 mRNA transcript level was evaluated using quantitative, reverse transcription PCR. The detection limit for this assay is 0.01%. See Mayo Medical Laboratories Interpretive Handbook for method details.

The assay detects the most common fusion form (e1/a2), but does not detect other fusions, including the p210, which is the most common form found in chronic myelogenous leukemia. This assay should only be ordered for monitoring patients with a previously identified p190 fusion form. Test #89006 (BCR/ABL, mRNA detection, RT-PCR, Quantitative, Diagnostic) should be ordered if the test is being performed in a diagnostic setting and test #89007 (BCR/ABL, p210, mRNA detection, RT-PCR, Quantitative, Monitoring CML) should be ordered if this patient is being monitored for a known p210 fusion form. Please contact the Mayo Molecular Hematopathology Laboratory at 507-266-0489 with questions or if additional testing is required.

The reproducibility of this assay is such that results within 0.5 log should be considered equivalent. Trends in the level of BCR/ABL mRNA should be followed and clinically significant changes verified with a subsequent specimen. Please contact the Mayo Molecular Hematopathology Laboratory at 507-266-0489 with questions or if additional testing is required.
Laboratory developed test.
PDF Report available at:
<https://test.mmlaccess.com/Reports/C7028846-deyYcwrvii.ashx>

RECEIVED: 08/21/2015 13:46 REPORTED: 08/24/2015 11:51

Performing Site Legend on Last Page of Report

Patient Name ENHANCEDREP,VLD20150821A0075	Collection Date and Time 08/20/2015 12:57	Report Status Final
Page 1 of 2	>> Continued on Next Page >>	

* Report times for Mayo performed tests are CST/CDT

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>> Accession SA00003005 - Continued From Previous Page <<
 >> Do Not Discard <<

* Performing Site:

MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director: William G. Morice, II, M.D., Ph.D.
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Patient Name ENHANCEDREP,VLD20150821A0075	Collection Date and Time 08/20/2015 12:57	Report Status Final
Page 2 of 2		** End of Report **

* Report times for Mayo performed tests are CST/CDT

BCR/ABL, p190, Quant, Monitor

PATIENT NAME ENHANCEDREP, VLD20150821A0075			ORDER NUMBER D721000411
PATIENT ID SA00003005	DATE OF BIRTH 01/01/1981	SEX Male	REQUESTED BY CLIENT CLIENT
COLLECTED 8/20/2015, 12:57 PM	RECEIVED 8/21/2015, 1:46 PM	REPORTED 8/24/2015, 11:51 AM	
7028846 DLMP Rochester Rochester MN 55901			CLIENT ORDER NUMBER SA00003005
			CLIENT MRN SA00003005

Specimen Type	Peripheral blood
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INTERPRETATION

Peripheral blood, *BCR/ABL* mRNA level analysis (p190 fusion form):

Negative. No *BCR/ABL* p190 mRNA transcripts were detected (%bcr/abl(p190):abl=0).

Signing Pathologist: Melissa Tricker-Klar

METHOD

Method summary-BCR/ABL, p190 fusion: BCR/ABL p190 mRNA transcript level was evaluated using quantitative, reverse transcription PCR. The detection limit for this assay is 0.01%. See Mayo Medical Laboratories Interpretive Handbook for method details.

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DISCLAIMER

Laboratory developed test.

CODE	LABORATORY	ADDRESS	LAB DIRECTOR
MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 FIRST STREET SW ROCHESTER MN , 55905-0001	WILLIAM G MORICE, II , MD, PhD

Report times for Laboratory Name performed tests are CST/CDT.
 The collected, received, and reported dates and times on the report are in the time zone of the performing location.

PATIENT NAME | **ENHANCEDREP, VLD20150821A0075**