



LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 45 Y

Referral Testing

Collected: 09/01/2023 15:19 Received: 09/01/2023 15:19

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Cytogenetics, Solid Tumor Cytogenetics, SEE BELOW, QARL

SPECIMEN TYPE: Right Forearm Mass
CLINICAL HISTORY: Lymphoma

CYTOGENETICS LAB NUMBER:
PREVIOUS CASE:

TESTS ORDERED
Cytogenetics, Myeloma Profile [Interphase FISH], Marginal Zone Lymphoma Profile [Interphase FISH]

INTERPRETATION

OVERALL INTERPRETATION
Cytogenetics

Normal Karyotype

No consistent numerical or structural chromosome abnormalities were observed.

Analysis was performed on cells from three unstimulated cultures and a culture that was stimulated with lymphoid mitogens.

These results are consistent with those observed in a previous sample from this patient.

Myeloma Profile [Interphase FISH]

Negative for gain of 1q, loss of 1p, -13/del(13q), IGH rearrangements, del(17p), +5, +9, +11, +15

Fluorescence in situ hybridization (FISH) was performed with MetaSystems probes specific for chromosomes 1 (CDKN2C, CKS1B), 5 (hTERT), 9 (D9S1783), 11 (D11Z1), 13 (DLEU, LAMP1), 14 (IGH), 15 (D15Z4), and 17 (TP53, NF1).

Two hundred nuclei were examined for each probe, and all results were within normal limits for the laboratory's established background rates.

Marginal Zone Lymphoma Profile [Interphase FISH]

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED



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Negative for gain of 3q/rearrangement of BCL6, -7/del(7q), +12

FISH was also performed with Vysis probes specific for BCL6 on the long arm of chromosome 3, and for chromosomes 7 (D7Z1, D7S486) and 12 (D12Z3).

Two hundred nuclei were examined for each probe, and the results are within normal limits for the laboratory's established background rates.

The marginal zone FISH results are consistent with those observed in the previous sample.

COMMENT

Chromosome analysis will not detect subtle translocations, deletions, inversions or other cytogenetic abnormalities that are beyond the resolution limits of the technology used.

The FISH probes utilized in this analysis are specific for the detection parameters as indicated above. These FISH probes do not detect other chromosomal abnormalities that may be present. Correlate with other clinical and hematologic findings for significance.

These FISH tests were developed and their analytical performance characteristics have been determined by AmeriPath Northeast. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These assays have been validated pursuant to the CLIA regulations and are used for clinical purposes.

SIGNATURE

Director, Cytogenetics:
Electronic Signature:

RESULTS

ISCN RESULTS

46,XY[20].nuc ish
1p32 (CDKN2Cx2), 1q21 (CKS1Bx2), 5p15 (hTERTx2), 9q22 (D9S1783x2), 11cen (D11Z1x2),
13q14.3 (DLEUx2), 13q34 (LAMP1x2), 14q32 (IGHx2), 15cen (D15Z4x2), 17p13.1 (TP53x2), 17q11.2 (NF1x2), 3q27 (BCL6x2),
7cen (D7Z1x2), 7q31 (D7S486x2), 12cen (D12Z3x2) [200]

CULTURES

CULTURES: Direct, 24-hour unstimulated, 48-hour unstimulated, and 72-hour lymphoid mitogen stimulated.

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CELLS EXAMINED: 1820

BANDING/STAINING TECHNIQUE(S): G-BANDING, FISH

CELLS ANALYZED: 20

BAND RESOLUTION: 450

CELLS KARYOTYPED: 2

KARYOTYPES

46,XY

CYTOGENETICS LAB NUMBER:

SLIDE NUMBER:

CELL NUMBER:

11

COORDINATES:

59.5 X 115.2

FISH IMAGES

Myeloma Profile

Microscopic image is a symbolic representation of the key findings of your specific report. The image is not intended to replace a complete review and reading of the final diagnostic report.

Marginal Zone Lymphoma Profile

Microscopic image is a symbolic representation of the key findings of your specific report. The image is not intended to replace a complete review and reading of the final diagnostic report.

CPT CODES

88262, 88275x9, 88239, 88271x17

The CPT codes provided are for information purposes only, and are based on AMA guidelines without regard to specific payor requirements.

END OF REPORT

FINAL REPORT-ACC FINAL

AmeriPath Northeast, 1 Greenwich Place, Shelton, CT 06484. P(866)436-9632.

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F(203)929-2344. 07D1035411, CT CL-0645	Medical Director: Russell L. Maiese, MD CLIA				

Reported Date: 09/01/2023 15:19 CHRTU

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