

**MPL Exon 10 Mutation Detection, Bone Marrow
#20260**

Explanation: Please disregard the #20260 orderable unit code for this assay announced October 20, 2009. This orderable code has been updated to #60024, MPL Exon 10 Mutation Detection, Bone Marrow

USEFUL FOR: Aiding in the distinction between a reactive cytosis and myeloproliferative neoplasm.

METHODOLOGY: Mutation detection in DNA using Sanger sequencing

REFERENCE VALUES: An interpretive report is provided.

SPECIMEN REQUIREMENTS:

Specimen must arrive within 96 hours of collection

Place 2 mL of bone marrow in a lavender-top (EDTA) tube(s) and send in original VACUTAINER(S). Invert several times to mix. Forward promptly at ambient temperature.

CAUTIONS: A positive result is not specific for a particular diagnosis and clinicopathologic correlation is necessary in all cases. A negative result does not exclude the presence of a myeloproliferative or other neoplasm.

NOTE: When #60024, MPL Exon 10 Mutation Detection, Bone Marrow is ordered, #81481/Interpretation and Report and #84426/ HPGDE, DNA Extraction will be added at an additional charge.

LIST FEE: \$ 227.50 for #60024
 \$ 79.30 for #81481
 \$ 150.00 for #84426

CPT CODE:

83898 Amplification by PCR
83904x2 Sequencing, each
83909x2 Separation by capillary electrophoresis
83912 Interpretation and Report
83891 HPGDE, DNA Extraction

ANALYTIC TIME: 5 days

DAY(S) SET-UP: Monday- Friday

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Julie Breider, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710

TEST DEFINITION

10/26/2009

Code Name

60024 MPL Exon 10 Mutation Detection, BM

**** End of Name to order code Report ****

MML MML Test setup information

| ORDER CODE | EFF DATE | TC | TITLE | Checking Normals | Print normals (# coded) | Perform Site * |
|------------|-----------|----|--|------------------|-------------------------|----------------|
| 60024 | 9/22/2009 | | MPL Exon 10 Mutation Detection, BM | | | MCR |
| | | | Transport temp : Ambient <96 hours\Refrig <96 hours OK\Frozen NO | | | |
| | | | 20225 Accession Number | | | |
| | | | 20226 Referring Pathologist/Physician | | | |
| | | | 20227 Ref. Path Address | | | |
| | | | 20228 Material | | | |
| | | | 20229 Specimen: | | | |
| | | | 20230 Microscopic Description | | | |
| | | | 20231 Special Studies: | | | |
| | | | 20232 Final Diagnosis: | | | |
| | | | 20233 Comment: | | | |
| | | | 20234 Revision Description: | | | |
| | | | 20235 Signing Pathologist | | | |
| | | | 20236 Special Procedures | | | |
| | | | 20237 SP Signing Pathologist | | | |

(continued next page)

MML MML Test setup information

| ORDER CODE | EFF DATE | TC | TITLE | Checking Normals | Print normals (# coded) | Perform Site * |
|---------------|-------------|-------|---------------------------|------------------|-------------------------|-------------------|
| 60024 | (continued) | | | | | |
| | | 20238 | *Previous Report Follows* | | | |
| | | 20239 | Addendum | | | |
| | | 20240 | Addendum Comment: | | | |
| | | 20241 | Addendum Pathologist: | | | |

*Performing Site Legend

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MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
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*** End of Report ***

MML Messages used as normals

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CODE      TEXT
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Total of 0 normals codes

*** End of Report ***



TEST DEFINITION

6/15/2009

| ORDER CODE | EFF DATE | TC | TITLE | CHECKING NORMALS | PRINT NORMALS (# CODED) | PERFORM SITE * |
|---------------|-------------|-------|--|------------------|-------------------------|-------------------|
| 81481 | 5/8/2006 | | INTERPRETATION AND REPORT | | | MCR |
| | | | TRANSPORT TEMP : AMBIENT\REFRIG OK\FROZEN NO | | | |
| | | 81481 | INTERPRETATION AND REPORT | | | |

*PERFORMING SITE LEGEND

MCR MAYO CLINIC DPT OF LAB MED & PATHOLOGY
200 FIRST STREET SW
ROCHESTER, MN 55905

LAB DIRECTOR: FRANKLIN R. COCKERILL, III, M.D.

*** END OF REPORT ***

MML MESSAGES USED AS NORMALS

| CODE | TEXT |
|-------|-------|
| ----- | ----- |

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***



TEST DEFINITION

5/1/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE NAME

84426 HPGDE, DNA EXTRACTION

MML MML TEST SETUP INFORMATION

| ORDER CODE | EFF DATE | TC | TITLE | CHECKING NORMALS | PRINT NORMALS (# CODED) | PERFORM SITE * |
|------------|-----------|----|---|------------------|-------------------------|----------------|
| 84426 | 3/31/2004 | | HPGDE, DNA EXTRACTION | | | MCR |
| | | | TRANSPORT TEMP : AMBIENT\REFRIG OK\FROZEN No - BLOOD, BONE MARROW | | | |
| | | | 84426 HPGDE, DNA EXTRACTION | | | |

*PERFORMING SITE LEGEND

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| | | | |
|-----|--|---------------|----------------------------------|
| MCR | MAYO CLINIC DPT OF LAB MED & PATHOLOGY | LAB DIRECTOR: | FRANKLIN R. COCKERILL, III, M.D. |
| | 200 FIRST STREET SW | | |
| | ROCHESTER, MN 55905 | | |

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MML MESSAGES USED AS NORMALS

CODE TEXT

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***

1-800-533-1710

| | | | | | | |
|--|--|---|--|--|-----------------|--------------------------------|
| PATIENT NAME TESTING, 20260 | | PATIENT NUMBER | | AGE 24 | SEX F | ACCESSION # G9138236 |
| ORDERING PHYSICIAN | | CLIENT ORDER # | | | | ACCOUNT # LIAISONS |
| COLLECTION 10/18/09 12:00 P DATE TIME | RECEIVED 10/19/09 03:34 P DATE TIME | REPORT PRINTED 10/26/09 01:56 P DATE TIME | | SPECIMEN INFORMATION DATE OF BIRTH: 8/1/1985 | | |
| Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202 | | | | | | |

| TEST REQUESTED | HI LO | REF RANGE | PERFORM SITE * |
|----------------|----------|-----------|----------------|
|----------------|----------|-----------|----------------|

MPL Exon 10 Mutation Detection, BM
Accession Number BR09-180 **MCR**
Referring Pathologist/Physician **MCR**

Doctor Test Jr., M.D.

Ref. Path Address **MCR**

 Methodist Hospital
 200 1st Street SW
 Rochester, MN 55905
 507-266-0740

Material **MCR**

 1 tube BM for MPL testing.
SLIDE DISPOSITION:
Specimen: **MCR**

A: Bone Marrow

Final Diagnosis: **MCR**

MPL exon 10 mutation analysis: Negative. No mutation was detected in MPL, exon 10.

Method summary - MPL exon 10 mutation analysis: Genomic DNA was extracted and Sanger sequencing used to evaluate for mutations in MPL, exon 10 (see Mayo Medical Laboratories Interpretive Handbook for method details). The sensitivity of this assay is approximately 20%, such that samples containing lower percentages of mutated DNA will appear negative.

Signing Pathologist 10/20/2009 10:38 **MCR**

 Interpreted by:
 Pathologist X. Test, M.D.

 Report electronically signed by Angie S. Beckel
 Transcribed by: asa05 10/20/2009 10:38:21

Interpretation and Report

* Perform Site Legend on last page of report

| | | |
|---------------------------------------|------------------------------|---|
| PATIENT NAME TESTING, 20260 | ORDER STATUS Final | COLLECTION DATE AND TIME 10/18/09 12:00 P |
|---------------------------------------|------------------------------|---|

1-800-533-1710

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|--|---|---|--|--|-----------------|--------------------------------|
| PATIENT NAME TESTING, 20260 | | PATIENT NUMBER | | AGE 24 | SEX F | ACCESSION # G9138236 |
| ORDERING PHYSICIAN | | CLIENT ORDER # | | | | ACCOUNT # LIAISONS |
| COLLECTION 10/18/09 12:00 P DATE TIME | RECEIVED 10/19/09 03:34 P DATE TIME | REPORT PRINTED 10/26/09 01:56 P DATE TIME | | SPECIMEN INFORMATION DATE OF BIRTH: 8/1/1985 | | |
| Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202 | | | | | | |

| TEST REQUESTED | HI LO | REF RANGE | PERFORM SITE * |
|---------------------------|-----------|-----------|----------------|
| Interpretation and Report | Performed | | MCR |
| HPGDE, DNA extraction | Performed | | MCR |
| HPGDE, DNA extraction | Performed | | MCR |

* PERFORMING SITE

| | | |
|-----|---|--|
| MCR | Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905 | Lab Director: Franklin R. Cockerill, III, M.D. |
|-----|---|--|

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|---------------------------------------|------------------------------|---|
| PATIENT NAME TESTING, 20260 | ORDER STATUS Final | COLLECTION DATE AND TIME 10/18/09 12:00 P |
|---------------------------------------|------------------------------|---|