

Laboratory Service Report

1-800-533-1710

Patient Name TEST,IMPLEMENTATION TESTING	Patient ID 321	Age 56	Gender F	Order # R1055950
Ordering Phys TEST,DOCTOR				DOB 05/23/1955
Client Order # R1055950	Account Information			Report Notes
Collected 05/17/2012 08:15	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE			
Printed 05/21/2012 13:43	ROCHESTER,MN 55901			

Test	Flag	Results	Unit	Reference Value	Perform Site*
Pre-Analytic Process, MAP Lab			REPORTED	05/18/2012 16:04	
DNA/RNA Extraction, MAP Lab		Performed			MCR
AP Special Studies Review			REPORTED	05/18/2012 16:04	
Accession Number		HR12-141		00,10,2012 10 01	MCR
Referring Pathologist/Physician					MCR
Doctor Test Jr., M.D.					
Ref Path/Phys Address					MCR
Methodist Hospital					
200 1st Street SW					
Rochester, MN 55905					
507-266-0740					
Specimen:					MCR
A:AP Slide Review					
Material:					MCR
1 block (X12-4123)					
SLIDE DISPOSITION:					
Final Diagnosis:					MCR
Molecular Anatomic Pathology	Report:				
Reason for referral: rule ou	it Dermatof	ibrosarcoma Pro	otuberans/Giant		
Cell Fibroblastoma					
Specimen source: leg					
Result:					
Positive for PDGFB rearrangem	ent by FIS	H. The results	s show that 95%		
of lesional cells contain PDG	GFB rearran	gement, #nuc			
ish(PDGFBx2)(5'PDGFB sep 3'PI)[#/2	00] /# nuc			
ish(5'PDGFBx#)(3'PDGFBx#)(5'F	PDGFB con 3	'PDGFBx#)[#/200)]. PDGFB		
rearrangement must be present	: in greate	er than or equal	l to 10% of		
lesional cells in order to be	e considere	ed positive. Al	ll controls		
worked appropriately.					
Interpretation:					
The result supports the diagr	nosis of de	rmatofibrosarco	oma		
protuberans/giant cell fibrok	olastoma.	Molecular Anato	omic Pathology		
tests interpreted in consulta	ation with	Dr. Testing.			
Results should be interpreted	l only in c	ontext of histo	ological		
analysis.					
Reliable results are depender	it on adequ	late specimen co	ollection and		
processing. This test has be	en validat	ed on formalin-	-fixed,		
paraffin-embedded tissues (FF	'PE); other	types of fixat	cives are		
discouraged. Improper treatm	nent of tis	sues, such as			
decalcification, may cause FI	SH failure				
Clinical diagnosis and/or the	erapy shoul	a not be based	solely on this		
assay. The results should be	considere	d in conjunctio	on with		
clinical information and/or a	aultional	ulagnostic test	.5.		

Performing	Site	Legend	on	Last	Page	of	Report
---------------	------	--------	----	------	------	----	-----------

Patient Name	Collection Date and Time	Report Status
TEST, IMPLEMENTATION TESTING	05/17/2012 08:15	Final
Page 1 of 2	** Reprinted **	>> Continued on Next Page >>

* Report times for Mayo performed tests are CST/CDT



Laboratory Service Report

1-800-533-1710

MCR

Patient Name TEST,IMPLEMENTATION TESTING	Patient ID 321	Age 56	Gender F	Order # R1055950
Ordering Phys TEST,DOCTOR				DOB 05/23/1955
Client Order # R1055950	Account Information			Report Notes
Collected 05/17/2012 08:15	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE			
Printed 05/21/2012 13:43	ROCHESTER,MN 55901			

Test	Flag	Results	Unit	Reference Value	Perform Site*
Method:	orformed using	fluorogaant	in citu		
hybridization (FISH) on	paraffin-embedd	ed tissues.	III-SILU		
Laboratory Developed Tes	st				
Signing Pathologist:		See Below			MCR
Result: 5/18/2012 16:03	Interpreted by:	Pathologist	X. Test, M.D.		
Report electronically s	igned by Angie S	. Beckel			
Transcribed by: asa05 5,	/18/2012 16:01:1	7			
			REPORTED 0	5/18/2012 16:04	

PDGFB, 22q13, FISH

Performed

* Performing Site:

200 First St SW Rochester, MN 55905	MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
-------------------------------------	-----	-----------------------------------------------------------------------------------------	------------------------------------------------

Patient Name TEST,IMPLEMENTATION TESTING	Collection Date and Time 05/17/2012 08:15	Report Status Final
Page 2 of 2	** Reprinted **	** End of Report **
Page 2 of 2	** Reprinted **	** End of Report **

* Report times for Mayo performed tests are CST/CDT