

### **Laboratory Service Report**

### 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #	
TESTINGRNV,FGAKM	SA00048186	37	M	SA00048186	
Ordering Phys		•	•	DOB	
				06/15/1975	
Client Order #	Account Information			Report Notes	
SA00048186					
Collected	C7028846-DLMP ROC	C7028846-DLMP ROCHESTER			
08/01/2012	3050 SUPERIOR DRI\	<del>-</del>			
Printed	ROCHESTER,MN 559	01			
08/31/2012 14:39					

Test	Flag	Results	Unit	Reference Value	Perform Site
GA Gene, Known Mutation			REPORTED 0	8/08/2012 08:20	
Specimen		Blood			MCF
Specimen ID		1038520			MCI
Order Date		01 Aug 2012 11:46			MCI
Reason For Referral					MCF
Family history of transthy					
amyloidosis. Test for the	presence of a	mutation in the TTR			
gene.					
Method					MCI
DNA sequence analysis was u		_			
the c.1718G>T (p.R573L) mut		9			
Testing was performed for t	_				
was previously identified i		-			
this individual. Mutation r		s based on GenBank			
accession number; NM_000508 Result	0.3.				MCF
The p.R573L mutation was NO	OT detected				MCF
Interpretation	or accected.				MCF
Absence of the mutation(s)	previously id	lentified in an			1101
affected family member indi					
no greater risk than someon					
develop FGA-related familia	_				

This assay does not rule out the presence of other mutations in this gene or in other genes that are associated with amyloidosis. Errors in the diagnosis or pedigree provided to us, including non paternity, may lead to an erroneous interpretation of test results.

A genetic consultation may be of benefit.

Unless reported or predicted to cause disease, alterations found deep in the intron or alterations that do not result in an amino acid substitution are not reported. These and common polymorphisms identified for this patient are available upon request.

#### CAUTIONS:

Rare polymorphisms exist that could lead to false negative or positive results. If results obtained do not match the clinical findings, additional testing should be considered.

Test results should be interpreted in context of clinical

## \*\*\*Performing Site Legend on Last Page of Report\*\*\*

Patient Name	Collection Date and Time	Report Status	
TESTINGRNV,FGAKM	08/01/2012	Final	
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<sup>\*</sup> Report times for Mayo performed tests are CST/CDT



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Collected	C7028846-DLMP RO	CHESTER		
08/01/2012	3050 SUPERIOR DRI	VE		
Printed	ROCHESTER,MN 559	01		
08/31/2012 14:39				

Reference Perform
Test Flag Results Unit Value Site\*

findings, family history, and other laboratory data. Misinterpretation of results may occur if the information provided is inaccurate or incomplete.

Bone marrow transplants from allogenic donors will interfere with testing. Call Mayo Medical Laboratories for instructions for testing patients who have received a bone marrow transplant.

Laboratory developed test.
Reviewed By
W Edward Highsmith Jr., PhD
Release Date

08 Aug 2012 08:18

MCR

MCR

## \* Performing Site:

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

Patient Name Collection Date and Time		Report Status	
TESTINGRNV,FGAKM	08/01/2012	Final	
Page 2 of 2		** End of Report **	

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