

## **Laboratory Service Report**

# 1-800-533-1710

Patient Name	Patient ID	Age	Gender	
SAMPLEREPORT,AMYL	SA00046650	45	F	SA00046650
Ordering Phys				<b>DOB</b> 06/10/1966
Client Order # SA00046650	Account Information			Report Notes
<b>Collected</b> 05/20/2012	3050 SUPERIOR DRIV	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE		
<b>Printed</b> 09/14/2012 15:10	ROCHESTER,MN 559	001		

Test	Flag	Results	Unit	Reference Value	Perform Site*
Familial Amyloidosis, DNA Sequence	<b>1</b>		REPORTED 07	/13/2012 10:01	
Specimen		Blood			MCR
Specimen ID		1038183			MCR
Order Date		21 May 2012 13:18			MCR
Reason For Referral					MCR
Possible diagnosis of tran	sthyretin (TI	TR)-associated			
familial amyloidosis. Tes	st for the pre	esence of a mutation			
in the TTR gene.					
Method					MCR
Bi-directional sequence an	alysis was pe	erformed to test for			
the presence of a mutation	in all codin	ng regions and			
intron/exon boundaries of	the TTR gene.	Mutation			
nomenclature is based on G	GenBank access	sion number NM 000371.			
Result					MCR
The following heterozygous	s sequence cha	ange was detected:			
Exon: 4					
DNA change: c.424G>A					
Amino acid change: p. V122	PI (Val122Ile)				
Classification: DELETERIOU	JS				
Interpretation					MCR
This alteration is a known	deleterious	mutation.			

This result is consistent with a diagnosis of TTR associa

This result is consistent with a diagnosis of TTR associated familial amyloidosis.

Since a mutation has been identified, testing of at risk family members is possible. Mutation-specific testing for TTR-associated familial amyloidosis is available at Mayo Medical Laboratories by ordering AMYKM/83705 Familial Amyloidosis Known Mutation. Please contact the Molecular Genetics Laboratory at 1-800-533-1710 with questions about this test.

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

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

Patient Name	Collection Date and Time	Report Status		
SAMPLEREPORT,AMYL	05/20/2012	Final		
Page 1 of 2		>> Continued on Next Page >>		

<sup>\*</sup> Report times for Mayo performed tests are CST/CDT



## **Laboratory Service Report**

# 1-800-533-1710

MCR

Patient Name SAMPLEREPORT, AMYL	Patient ID SA00046650	<b>Age</b> 45	Gender F	Order # SA00046650	
Ordering Phys				<b>DOB</b> 06/10/1966	
Client Order # SA00046650	Account Information			Report Notes	
<b>Collected</b> 05/20/2012	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE				
<b>Printed</b> 09/14/2012 15:10	ROCHESTER,MN 55	901			

Reference Perform
Test Flag Results Unit Value Site\*

clinical findings, additional testing should be considered.

Test results should be interpreted in context of clinical 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:

Melody Elizabeth Kimball

Release Date 13 Jul 2012 09:56 MCR

## \* Performing Site:

	Maria Olivia I abanatania - Daabaatan Main Oanana	
MCR	Mayo Clinic Laboratories - Rochester Main Campus	Lab Director: Franklin B. Cockerill III M.D.
INICK	200 First St SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.

Patient Name	Collection Date and Time	Report Status
SAMPLEREPORT,AMYL	05/20/2012	Final
Page 2 of 2		** End of Report **

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