

# Laboratory Service Report

#### 1-800-533-1710

Patient Name VALIDATIONSOFT, HLLFHREPORT	Patient ID SA00061025	<b>Age</b> 52	Gender M	Order # SA00061025
Ordering Phys CLIENT,CLIENT				<b>DOB</b> 11/11/1960
Client Order # SA00061025	Account Information			Report Notes
Collected 08/25/2013 00:00	C7028846-DLMP Rochester SDSC 2 - Client Support			
Printed 10/15/2013 14:36	Rochester, MN 55901			

Test	Flag Results	Unit	Reference Value	Perform Site*
Heme Leukemia/Lymphoma; Flow Hol RECEIVED: 08/26/2013 15:18 REPC Final Diagnosis	d V RTED: 08/27/2013 10:49			MCR
Bone marrow, flow cytome	tric immunophenotyping:			HOI
Cellular bone marrow spe lineage blasts, 5%.	cimen with increased myeloid			
Comment: There is an increase in this analysis, are quant an unequivocal diagnosis cell percentages estimat by specimen processing a differ significantly fro review. The differentia leukemia, a myelodysplas neoplasm, a treated or r sampling bias.	myeloid-lineage blasts that, by itatively insufficient to warran of acute myeloid leukemia. Bla ed by flow cytometry are affecte nd gating and, therefore, may m those estimated by morphologic l diagnosis includes acute myelo tic syndrome, a myeloproliferati ecurrent acute leukemia, or	t st d id ve		
Correlation of the flow marrow aspirate and biop other laboratory feature diagnosis. If desired, as part of a hematopatho the signing pathologist further questions regard	cytometry results with the bone sy findings, clinical history an s is required for a definitive we can provide diagnostic servic logy consultation. Please conta at 1-800-533-1710 if you have ing these analyses.	d es ct		
Reviewed by: Steven Bash Analyte Specific Reagent performance characterist has not been cleared or Administration. Supplemental PDF Report <u>https://test.mmlaccess.co</u>	ynski 2013.08.27 10:49:14 : This test was developed and it ics determined by Mayo Clinic. I approved by the U.S. Food and Dr available at: com/Reports/C7028846-yKqQYrHx56.a	s t ug <u>shx</u>		
Special Studies				MCR
Results: Blasts: Increased Express: CD13, CD33, CD (partial). Do not expres Size: 5% (total analyze	117 (partial), CD34, HLA-DR s: CD10, CD19, CD45. Estimated d events-CD45/side scatter)			

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

Patient Name	Collection Date and Time	Report Status
VALIDATIONSOFT, HLLFHREPORT	08/25/2013 00:00	Final
Page 1 of 2		>> Continued on Next Page >>

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



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				Reference	Perform
Test	Flag	Results	Unit	Value	Site*
B-cells: No monotypic					
T-cells/NK-cells: No incr	ease				
Quality Assessment: Speci guidelines.	men received	within validat	ed		
Flow cytometry analysis pe following antigens: Triage CD34, CD45 and kappa and l Myeloid 1: CD13, CD15, CD1 HLA-DR.	rformed with panel: CD3, ambda surface 6, CD33, CD34	antibodies to CD10, CD16, CD e light chains. , CD45, CD117	the 019, and		
Microscopic Description	alida and a W	wight Cioman	toinod		MCR
A submitted wright-Giemsa slide prepared from the fl examined.	ow cytometry	specimen are	Lalned		
Flow Cytometry Testing		Performed			MCR

\* Performing Site:

MCR Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905 Lab Director:
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Patient Name VALIDATIONSOFT,HLLFHREPORT	Collection Date and Time 08/25/2013 00:00	<b>Report Status</b> Final		
Page 2 of 2		** End of Report **		
* Report times for Mayo performed tests are CST/CDT				

# MAYO CLINIC Mayo Medical Laboratories

#### Performing Site:

Mayo Clinic Laboratories - Rochester Main Campus 200 First Street SW, Rochester MN 55905 Franklin R. Cockerill, M.D. Lab Director Phone: 800-533-1710 http://www.mayomedicallaboratories.com

#### VALIDATIONSOFT, HLLFHREPORT

MEDICAL RECORD # (PATIENT ID) SA00061025

DOB	11/11/1960	CLIENT ID/WARD	7028846	í.	ORDER #
SEX	Male	CLIENT/NAME WARD DLMP Rochest		ochester	CLIENT OR
CLIENT MRN	SA00061025	CITY, ST, ZIP	Rochest	er	DATE COLL
REQUESTED BY	CLIENT CLIENT		MN	55901	DATE RECE

 ORDER #
 B326000380

 CLIENT ORDER #
 SA00061025

 DATE COLLECTED
 8/25/2013 12:00 AM

 DATE RECEIVED
 8/26/2013 3:18 PM

 DATE REPORTED
 8/27/2013 10:49 AM

### Heme Leukemia/Lymphoma; Flow Hold V

#### Final Diagnosis:

Bone marrow, flow cytometric immunophenotyping:

Cellular bone marrow specimen with increased myeloid lineage blasts, 5%.

Comment:

There is an increase in myeloid-lineage blasts that, by this analysis, are quantitatively insufficient to warrant an unequivocal diagnosis of acute myeloid leukemia. Blast cell percentages estimated by flow cytometry are affected by specimen processing and gating and, therefore, may differ significantly from those estimated by morphologic review. The differential diagnosis includes acute myeloid leukemia, a myelodysplastic syndrome, a myeloproliferative neoplasm, a treated or recurrent acute leukemia, or sampling bias.

Correlation of the flow cytometry results with the bone marrow aspirate and biopsy findings, clinical history and other laboratory features is required for a definitive diagnosis. If desired, we can provide diagnostic services as part of a hematopathology consultation. Please contact the signing pathologist at 1-800-533-1710 if you have further questions regarding these analyses.

Reviewed by: Steven Bashynski 2013.08.27 10:49:14

Special Studies:

%Lymphs: 10%

Results: Blasts: Increased Express: CD13, CD33, CD117 (partial), CD34, HLA-DR (partial). Do not express: CD10, CD19, CD45. Estimated Size: 5% (total analyzed events-CD45/side scatter)

B-cells: No monotypic

T-cells/NK-cells: No increase

Quality Assessment: Specimen received within validated guidelines.

Flow cytometry analysis performed with antibodies to the following antigens: Triage panel: CD3, CD10, CD16, CD19, CD34, CD45 and kappa and lambda surface light chains. Myeloid 1: CD13, CD15, CD16, CD33, CD34, CD45, CD117 and HLA-DR.

#### **Microscopic Description:**

A submitted Wright-Giemsa slide and a Wright-Giemsa-stained slide prepared from the flow cytometry specimen are examined.

#### VALIDATIONSOFT, HLLFHREPORT

MEDICAL RECO	ORD # (PA	TIENT ID)	SA00061025
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DOB	11/11/1960
SEX	Male
CLIENT MRN	SA00061025
REQUESTED BY	CLIENT CLIENT

CLIENT ID/WARD 7028846 CLIENT/NAME WARD DLMP Rochester CITY, ST, ZIP Rochester MN 55901

ORDER #	B326000380
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#### Disclaimer:

Analyte Specific Reagent: This test was developed and its performance characteristics determined by Mayo Clinic. It has not been cleared or approved by the U.S. Food and Drug Administration.

