

Laboratory Service Report

1-800-533-1710

Patient Name VALIDATIONSOFT,HLLFHREPORT	Patient ID SA00061025	Age 52	Gender M	Order # SA00061025
Ordering Phys CLIENT,CLIENT				DOB 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 Value Site*

Heme Leukemia/Lymphoma; Flow Hold V

RECEIVED: 08/26/2013 15:18 **REPORTED:** 08/27/2013 10:49

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 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.

Supplemental PDF Report available at:

https://test.mmlaccess.com/Reports/C7028846-yKgQYrHx56.ashx

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)

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

MCR

MCR



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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.

Flow Cytometry Testing Performed MCR

* Performing Site:

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

Patient Name	Collection Date and Time	Report Status
VALIDATIONSOFT,HLLFHREPORT	08/25/2013 00:00	Final
Page 2 of 2		** End of Report **



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 ORDER# B326000380 CLIENT ORDER # SA00061025 SEX Male CLIENT/NAME WARD DLMP Rochester SA00061025 CLIENT MRN CITY, ST. ZIP Rochester DATE COLLECTED 8/25/2013 12:00 AM DATE RECEIVED 8/26/2013 3:18 PM REQUESTED BY CLIENT CLIENT MN 55901 DATE REPORTED 8/27/2013 10:49 AM

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