MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

| PATIENT NAME | PATIENT NUMBER | AGE | SEX | ACCESSION # |
|---|---|---|---|---|
| TESTING, GRNMS | L3MRNG9156454 | 20Y | M | G9156454 |

| ORDERING PHYSICIAN | CLIENT ORDER # | ACCOUNT # |
|---|---|---|
| | | LIAISONS |

| COLLECTION DATE TIME | RECEIVED DATE TIME | REPORT PRINTED DATE TIME | SPECIMEN INFORMATION |
|---|---|---|---|
| 09/22/10 10:50 A | 09/22/10 10:50 A | 11/22/10 03:24 P | DATE OF BIRTH: |

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

| TEST REQUESTED | HI LO | REF RANGE | PERFORM SITE * |
|---|---|---|---|

**Progranulin Gene Full Gene Analysis**

| | | |
|---|---|---|
| **Specimen** | **Blood** | **MCR** |
| **Specimen ID** | **1034720** | **MCR** |
| **Order Date** | **22 Sep 2010 13:01** | **MCR** |

**Reason For Referral** **MCR**

Possible diagnosis of frontotemporal dementia associated with Progranulin (FTD-PGRN). Analyze the Progranulin (PGRN) gene for the presence of mutations.

**Method** **MCR**

DNA sequence analysis was performed to test for the presence of a mutation in all 13 exons and the 3' UTR of the Progranulin (PGRN) gene. Mutation nomenclature is based on GenBank accession number; NM_002087.2.

**Result** **MCR**

A mutation was NOT detected.

**Interpretation** **MCR**

This result decreases the likelihood, but does not rule out the diagnosis of frontotemporal dementia associated with PGRN mutations for this individual, since disease-causing mutations may be present in other regions of the PGRN gene or in other genes. Reports in the literature suggest that mutations in the PGRN gene account for up to 23% of familial frontotemporal dementia. However, PGRN mutations are only identified in approximately 5% of apparently sporadic frontotemporal dementia.

Phenotypic overlap exists between FTD-PGRN and FTDP-17. If not already performed, genetic testing of the MAPT (tau) gene (associated with FTDP-17) may provide additional diagnostic information. Please contact the laboratory with questions about MAPT testing.

A genetic consultation may be of benefit.

** Perform Site Legend on last page of report*

| PATIENT NAME | ORDER STATUS | COLLECTION DATE AND TIME |
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| TESTING, GRNMS | Final | 09/22/10 10:50 A |

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A list of common polymorphisms identified for this patient is available upon request.
CAUTIONS:
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.
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.
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.

| | | |
|---|---|---|
| **Extraction Performed?** | **Yes** | **MCR** |
| **Reviewed By:** | **Heather Lynn Owen** | **MCR** |
| **Release Date** | **22 Sep 2010 13:21** | **MCR** |

*** PERFORMING SITE**

| | | |
|---|---|---|
| MCR | Mayo Clinic Dpt of Lab Med & Pathology<br>200 First Street SW Rochester, MN 55905 | Lab Director: Franklin R. Cockerill, III, M.D. |

| PATIENT NAME | ORDER STATUS | COLLECTION DATE AND TIME |
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| TESTING, GRNMS | Final | 09/22/10 10:50 A |