

<b>Patient Name</b> TEST,IMPLEMENTATION TESTING	<b>Patient ID</b> 321	<b>Age</b> 57	<b>Gender</b> F	<b>Order #</b> R1055976
<b>Ordering Phys</b> TEST,DOCTOR				<b>DOB</b> 05/23/1955
<b>Client Order #</b> R1055976	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 05/24/2012 06:00	C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE ROCHESTER,MN 55901			
<b>Printed</b> 05/24/2012 15:10				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>Pre-Analytic Process, MAP Lab</b> DNA/RNA Extraction, MAP Lab		Performed	REPORTED	05/24/2012 12:57	MCR

AP Special Studies Review	Unit	Perform Site*
Accession Number	HR12-160	MCR
Referring Pathologist/Physician Doctor Test Jr., M.D.		MCR
Ref Path/Phys Address Methodist Hospital 200 1st Street SW Rochester, MN 55905 507-266-0740		MCR
Specimen: A:AP Slide Review		MCR
Material: 1 block S-12-0000123 SLIDE DISPOSITION: 1 block returned 5/24/12. asb		MCR
Final Diagnosis: Molecular Anatomic Pathology Report: Reason for referral: Gastrointestinal Stromal Tumor Specimen source: Peritoneal Mass Result: Positive for KIT exon 11 c.1669_1674del p.Trp557_Lys558del by PCR and sequencing. All controls worked appropriately. Interpretation: Several tumors can harbor KIT mutations, including gastrointestinal stromal tumor (GIST), mast cell disease, melanoma, seminoma, acute myeloid leukemia, myeloproliferative neoplasms, and lymphomas. In addition, occasional cases of GIST can also harbor mutations in PDGFRA, a gene structurally related to KIT. The frequency and type of mutations vary among these tumors and portend distinct clinical implications. The result does not rule out the presence of a mutation that may be present but below the limit of detection for this assay (approximately 30%). GIST KIT exon 11 mutations have been associated with susceptibility to tyrosine kinase inhibitors. Mutational status should be correlated with clinical data. The ordering physician is responsible for the diagnosis and management of disease and decisions based on the data provided. Clinical diagnosis and/or therapy should not be based solely on this assay. The results should be considered in conjunction with clinical information and/or additional diagnostic tests. Method:		MCR

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

<b>Patient Name</b> TEST,IMPLEMENTATION TESTING	<b>Collection Date and Time</b> 05/24/2012 06:00	<b>Report Status</b> Final
Page 1 of 2		>> Continued on Next Page >>

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

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<p>Mutation analyses were performed using polymerase chain reaction (PCR) and sequencing for the KIT exon 11 gene on DNA extracted from paraffin-embedded tissue.</p> <p>Cautions: This test is unable to distinguish between a somatic and a germline KIT (or PDGFRA) mutation. Germline KIT (or PDGFRA) mutations are rare and their clinical relevance has been described in more detail by Robson ME et al. Clin Cancer Res 2004; 10:1250-4 and Li FP et al. J Clin Oncol 2005; 23:2735-43. Testing of a peripheral blood specimen from this individual would be required to distinguish a germline from a somatic mutation. This test is currently not offered at Mayo Clinic.</p> <p>Laboratory Developed Test Signing Pathologist: See Below MCR Result: 5/24/2012 12:56 Interpreted by: Pathologist X. Test, M.D. Report electronically signed by Angie S. Beckel Transcribed by: asa05 5/24/2012 12:56:17</p>					
<b>KIT, Mutation Analysis, Ex11</b>		Performed		REPORTED 05/24/2012 12:57	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.
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Page 2 of 2		** End of Report **

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