Patient Name	Patient ID	Age	Gender	Order #
TEST,IMPLEMENTATION TESTING	321	57	F	R1057502
Ordering Phys TESTING				**DOB** 05/23/1956
Client Order # R1057502	**Account Information**			**Report Notes**
Collected 06/06/2013 06:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
Printed 07/17/2013 08:46				

Test	Flag	Results	Unit	Reference Value	Perform Site*
AP Special Studies Review					
RECEIVED: 06/06/2013 12:49 **REPORTED:** 06/06/2013 18:46					
Accession Number		HR13-178			MCR
Specimen:					MCR
A:AP Slide Review					
Material:					MCR
1 Block					
SLIDE DISPOSITION:					
Final Diagnosis:					MCR

Molecular Anatomic Pathology Report:
Reason for referral: Gastrointestinal Stromal Tumor
Specimen source: Stomach
Result:
Negative for KIT exon 8 mutation 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 portent 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%). KIT exon 8 mutations are very rare. 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.
False-negative results may occur in specimens when tumor cells comprise <60% of the cell population. Tumor cells are routinely enriched by macrodissection to avoid false-negative results.
Clinical diagnosis and/or therapy should not be based solely on this assay. The results should be considered in conjunction with clinical information, histologic evaluation, and/or additional diagnostic tests.
Method:
Mutation analyses were performed using polymerase chain reaction (PCR) and sequencing for KIT exon 8 on DNA extracted from paraffin-embedded tissue.
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.

Performing Site Legend on Last Page of Report

MAYO CLINIC
Mayo Medical Laboratories

Laboratory Service Report 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
TEST,IMPLEMENTATION TESTING	321	57	F	R1057502
Ordering Phys TESTING				**DOB** 05/23/1956
Client Order # R1057502	**Account Information**			**Report Notes**
Collected 06/06/2013 06:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
Printed 07/17/2013 08:46				

Test	Flag	Results	Unit	Reference Value	Perform Site*
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. Laboratory Developed Test					
Signing Pathologist:		See Below			MCR
Result:6/6/2013 18:45 Interpreted by: Pathologist X. Test, M.D. Report electronically signed by Melissa L. Skjeveland Transcribed by: mls 6/6/2013 18:45:21					
Slide Review		Performed			MCR
RECEIVED: 06/06/2013 12:49 **REPORTED:** 06/06/2013 18:46					
KIT, Mutation Analysis, Ex8		Performed			MCR
RECEIVED: 06/06/2013 12:49 **REPORTED:** 06/06/2013 18:46					

* Performing Site:

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

* Report times for Mayo performed tests are CST/CDT