Patient Name	**Patient ID**	**Age**	**Gender**	**Order #**
SAMPLEREPORT,BADKM A	SA00060528	47	F	SA00060528
Ordering Phys CLIENT,CLIENT				**DOB** 06/10/1966
Client Order # SA00060528	**Account Information**			**Report Notes**
Collected 08/01/2013 00:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
Printed 08/05/2013 10:26				

Test	Flag	Results	Unit	Reference Value	Perform Site*
BCR/ABL Mutation, ASPE					
RECEIVED: 08/02/2013 10:00 **REPORTED:** 08/02/2013 11:28					
Specimen Type		Peripheral blood			MCR
BCRABL Fusion Form		p210			MCR
Final Diagnosis:					MCR

Peripheral blood, BCR/ABL Kinase Domain Mutation Analysis:

Positive. A mutation in the ABL kinase domain region was detected. The corresponding amino acid change identified is T315I. This mutation has been associated with clinically significant resistance to imatinib therapy (O'Hare T, et al. Blood 2007; 110:2242-2249).

This patient has a previously documented p210 BCR/ABL transcript type.

Signing Pathologist: Melissa Tricker-Klar
This assay detects approximately 80% of the currently described and most frequently occurring ABL kinase domain mutations, which have been associated with significant clinical or in vitro resistance to tyrosine kinase inhibitor therapy (M351T, T315I, E255K, H396R, F359V, M244V, E355G, G250E, F317L, Y253H, Y253F, and Q252H). Additional mutations of potential or unknown significance are not covered by this test methodology and therefore cannot be excluded.

Method Summary: Total RNA was extracted and nested reverse transcription PCR was performed to detect the BCR/ABL transcript and ABL kinase domain (KD) region. Kinase domain mutations (KDM) were evaluated using a fluorescent multiplex allele-specific extension (ASPE) assay and analyzed for specific mutations using liquid bead array platform (see Mayo Medical Laboratories Interpretive Handbook for method details). The quantitative level of BCR-ABL transcript is related to optimal mutation analysis. If the BCR-ABL quantitative PCR level is too low, RT-PCR amplification of BCR-ABL may be unsuccessful in this assay. In general, a BCR-ABL/ABL quantitative level above 0.1% is considered to be required in order to detect KD Mutations by this assay.

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA

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requirements. This test has not been cleared or approved
by the U.S. Food and Drug Administration.
Laboratory developed test.

* Performing Site:

MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director: