

Laboratory Service Report

1-800-533-1710

| Patient Name TESTING,89436 | Patient ID | Age | Gender | Order # W2906035 |
|-----------------------------------|--|----------|--------|----------------------------|
| Ordering Phys | | DOB | | |
| Client Order # W2906035 | Account Information C7999998-STUSTEST | Report N | otes | |
| Collected 10/12/2009 06:00 | 200 FIRST STREET SW ROCHESTER, MN 55901 | | | |
| Printed 10/19/2009 11:17 | (507)266-5730 | | | |

| Test Flag | Results | Unit | Reference Value | Perform Site |
|--|--|-------------|--------------------|-----------------|
| IC Gene, Full Gene Analysis | | REPORTED 10 | /13/2009 12:07 | |
| Specimen | Blood | | | MC |
| Specimen ID | 740558 | | | MC |
| Order Date | 05 Aug 2009 11:49 | | | MC: |
| Reason For Referral Not provided. Test for the presence of MMACHC gene. | mutations within the | | | MC |
| Method | | | | MCI |
| DNA sequence analysis was used to test: mutation in all 4 exons of the MMACHC gaacession number; NM_015506.2). | _ | | | |
| Result | | | | MCI |
| A mutation was NOT identified | | | | |
| nterpretation | | | | MC |
| Although this analysis did not identify the MMACHC gene, this result does not expossibility that this individual is a case with methylmalonic aciduria and homocystype (MMACHC). We predict that there may mutations not identified by the method of large deletions and duplications, or must promoter and intronic regions). If the patient has a family history, recounseling is recommended. If MMACHC is diagnosis, correlation between other lal analysis of total plasma homocysteine, or complementation studies of skin fibrohistory is recommended. A genetic consultation may be of benefit A list of common polymorphisms identification. | xclude the arrier of or affected tinuria, cobalamin C ay be disease-causing described above (e.g. tations in the ferral for genetic a suspected boratory tests (e.g. urine organic acids, oblasts) and clinical t. | | | |
| is available upon request. CAUTIONS: Rare polymorphisms exist that negative or positive results. If result match the clinical findings, additional considered. Test results should be interpreted in confindings, family history, and other laboration of results may occur. | ts obtained do not testing should be ontext of clinical oratory data. | | | |

Performing Site Legend on Last Page of Report

| Patient Name | Collection Date and Time | Report Status | |
|---------------|--------------------------|------------------------------|--|
| TESTING,89436 | 10/12/2009 06:00 | Final | |
| Page 1 of 2 | | >> Continued on Next Page >> | |

provided is inaccurate or incomplete.

marrow transplant.

Bone marrow transplants from allogenic donors will interfere $% \left(1\right) =\left(1\right) \left(1\right)$

instructions for testing patients who have received a bone

with testing. Call Mayo Medical Laboratories for



Laboratory Service Report

1-800-533-1710

| Patient Name TESTING,89436 | Patient ID | Age | Gender | Order # W2906035 |
|-----------------------------------|--|----------|--------|----------------------------|
| Ordering Phys | | DOB | | |
| Client Order # W2906035 | Account Information C7999998-STUSTEST | Report N | lotes | |
| Collected 10/12/2009 06:00 | 200 FIRST STREET SW ROCHESTER, MN 55901 | ı | | |
| Printed 10/19/2009 11:17 | (507)266-5730 | | | |

| Test | Flag | Results | Unit | Reference Value | Perform Site* |
|--|------|-------------------|------|--------------------|------------------|
| Extraction Performed? Reviewed By | | YES | | | MCR MCR |
| Dimitar K Gavrilov MD, PhD Release Date | | 20 Aug 2009 11:55 | | | MCR |

* Performing Site:

| MCR | Mayo Clinic Dpt of Lab Med & Pathology 200 First St SW Rochester, MN 55905 | Lab Director: | |
|-----|---|---------------|--|

| Patient Name | Collection Date and Time | Report Status |
|---------------|--------------------------|---------------------|
| TESTING.89436 | 10/12/2009 06:00 | Final |
| Page 2 of 2 | | ** End of Report ** |