MAYO CLINIC
Mayo Medical Laboratories

Laboratory Service Report 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
VALIDATIONSOFT,LCMSREPORT	SA00061002	52	F	SA00061002
Ordering Phys CLIENT,CLIENT				**DOB** 11/11/1960
Client Order # SA00061002	**Account Information**			**Report Notes**
Collected 08/25/2013 00:00	C7028846-DLMP Rochester SDSC 2 - Client Support Rochester, MN 55901			
Printed 10/15/2013 14:42				

Test	Flag	Results	Unit	Reference Value	Perform Site*

Leukemia/Lymphoma, Phenotype
RECEIVED: 08/26/2013 15:19 **REPORTED:** 08/27/2013 10:39

Microscopic Description MCR

A submitted Wright-Giemsa slide and a Wright-Giemsa-stained slide prepared from the flow cytometry specimen are examined.
Supplemental PDF Report available at:
https://test.mmlaccess.com/Reports/C7028846-pYrCGcpqdO.ashx

Special Studies: MCR

%Lymphs: %

Results:
Blasts: Increased
Express: CD13, CD33, CD117 (partial), CD34, HLA-DR (partial). Do not express: CD10, CD19, CD45. Estimated Size: 5% (total analyzed events-CD45/side scatter)

B-cells: No monotypic

T-cells/NK-cells: No increase

Quality Assessment: Specimen received within validated guidelines.

Flow cytometry analysis performed with antibodies to the following antigens: Triage panel: CD3, CD10, CD16, CD19, CD34, CD45 and kappa and lambda surface light chains. Myeloid 1: CD13, CD15, CD16, CD33, CD34, CD45, CD117 and HLA-DR.

Final Diagnosis: MCR

Bone marrow, flow cytometric immunophenotyping:

Cellular bone marrow specimen with increased myeloid lineage blasts, 5%.

Comment:
There is an increase in myeloid-lineage blasts that, by this analysis, are quantitatively insufficient to warrant an unequivocal diagnosis of acute myeloid leukemia. Blast cell percentages estimated by flow cytometry are affected by specimen processing and gating and, therefore, may differ significantly from those estimated by morphologic review. The differential diagnosis includes acute myeloid

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leukemia, a myelodysplastic syndrome, a myeloproliferative neoplasm, a treated or recurrent acute leukemia, or sampling bias.

Correlation of the flow cytometry results with the bone marrow aspirate and biopsy findings, clinical history and other laboratory features is required for a definitive diagnosis. If desired, we can provide diagnostic services as part of a hematopathology consultation. Please contact the signing pathologist at 1-800-533-1710 if you have further questions regarding these analyses.

Reviewed by: Steven Bashynski 2013.08.27 10:39:02
Analyte Specific Reagent: This test was developed and its performance characteristics determined by Mayo Clinic. It has not been cleared or approved by the U.S. Food and Drug Administration.

* Performing Site:

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

MAYO CLINIC
Mayo Medical Laboratories

Performing Site:
Mayo Clinic Laboratories - Rochester Main Campus
200 First Street SW, Rochester MN 55905
Franklin R. Cockerill, M.D. Lab Director
Phone: 800-533-1710
http://www.mayomedicallaboratories.com

VALIDATIONSOFT, LCMSREPORT **MEDICAL RECORD # (PATIENT ID)** SA00061002

DOB	11/11/1960	**CLIENT ID/WARD**	7028846	**ORDER #**	B326000312
SEX	Female	**CLIENT/NAME WARD**	DLMP Rochester	**CLIENT ORDER #**	SA00061002
CLIENT MRN	SA00061002	**CITY, ST, ZIP**	Rochester	**DATE COLLECTED**	8/25/2013 12:00 AM
REQUESTED BY	CLIENT CLIENT		MN 55901	**DATE RECEIVED**	8/26/2013 3:19 PM
				DATE REPORTED	8/27/2013 10:39 AM

Leukemia/Lymphoma, Phenotype

Final Diagnosis:

Bone marrow, flow cytometric immunophenotyping:

Cellular bone marrow specimen with increased myeloid lineage blasts, 5%.

Comment:
There is an increase in myeloid-lineage blasts that, by this analysis, are quantitatively insufficient to warrant an unequivocal diagnosis of acute myeloid leukemia. Blast cell percentages estimated by flow cytometry are affected by specimen processing and gating and, therefore, may differ significantly from those estimated by morphologic review. The differential diagnosis includes acute myeloid leukemia, a myelodysplastic syndrome, a myeloproliferative neoplasm, a treated or recurrent acute leukemia, or sampling bias.

Correlation of the flow cytometry results with the bone marrow aspirate and biopsy findings, clinical history and other laboratory features is required for a definitive diagnosis. If desired, we can provide diagnostic services as part of a hematopathology consultation. Please contact the signing pathologist at 1-800-533-1710 if you have further questions regarding these analyses.

Reviewed by: Steven Bashynski 2013.08.27 10:39:02

Special Studies:

%Lymphs: %

Results:
Blasts: Increased
Express: CD13, CD33, CD117 (partial), CD34, HLA-DR (partial).
Do not express: CD10, CD19, CD45.
Estimated Size: 5% (total analyzed events-CD45/side scatter)

B-cells: No monotypic

T-cells/NK-cells: No increase

Quality Assessment: Specimen received within validated guidelines.

Flow cytometry analysis performed with antibodies to the following antigens:
Triage panel: CD3, CD10, CD16, CD19, CD34, CD45 and kappa and lambda surface light chains.
Myeloid 1: CD13, CD15, CD16, CD33, CD34, CD45, CD117 and HLA-DR.

Microscopic Description:

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The collected, received, and reported dates and times on the report are in the time zone of the performing location.