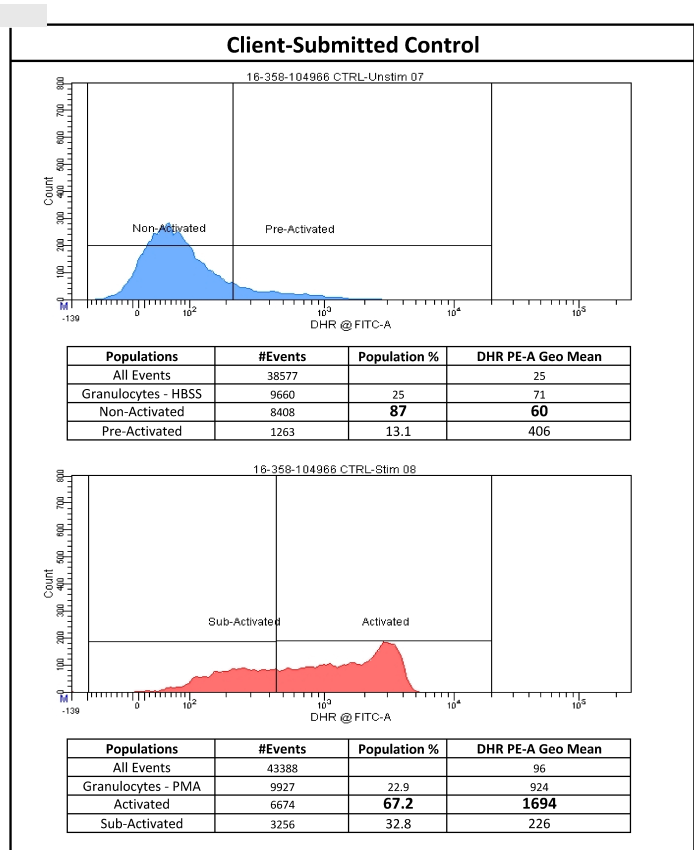
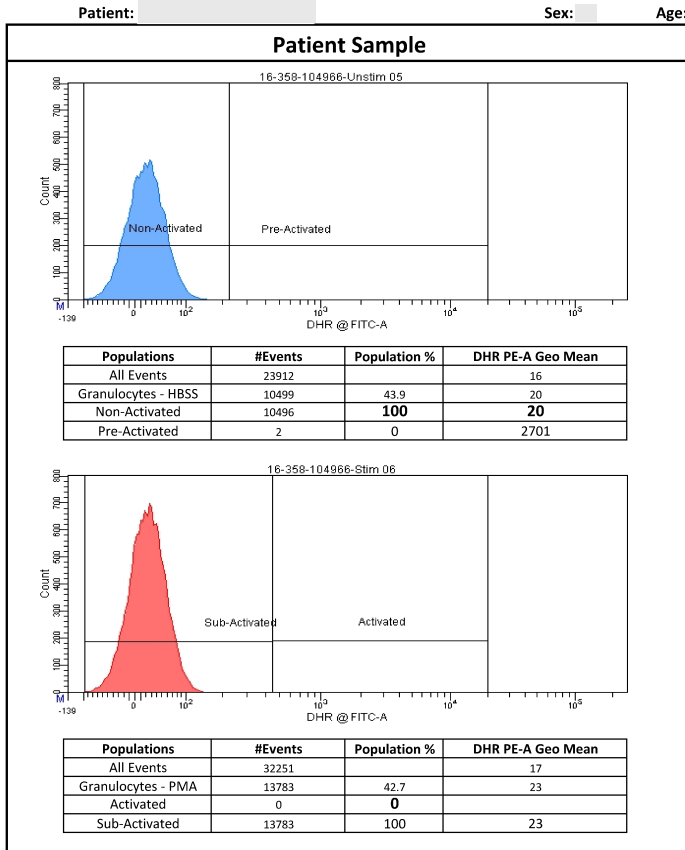


Patient: [REDACTED]
 DOB: [REDACTED] Age: [REDACTED] Gender: [REDACTED]
 Patient Identifiers: [REDACTED]
 Visit Number (FIN): [REDACTED]

Client: [REDACTED]
 Physician: [REDACTED]

ARUP Test Code: 0096657
 Collection Date: 12/23/2016
 Received in lab: 12/24/2016
 Completion Date: 12/27/2016



Activated Granulocyte Fluorescence Stimulation Index: [REDACTED]
 Sub-Activated Granulocyte Fluorescence Stimulation Index: **1**

Activated Granulocyte Fluorescence Stimulation Index: **28**
 Sub-Activated Granulocyte Fluorescence Stimulation Index: **4**

Interpretation:

No detectable increase in stimulated granulocyte dihydrorhodamine fluorescence suggests X-linked chronic granulomatous disease (CGD) or, less commonly, autosomal recessive CGD. Suggest Neutrophil Oxidative Burst Assay on the mother to distinguish between X-linked and autosomal recessive CGD. Suggest phone consult with medical director. Suggest repeat testing or molecular testing (Chronic Granulomatous Disease (CYBB Gene Scanning and NCF1 Exon 2 GT Deletion) with Reflex to CYBB Sequencing, test code 2006356) and consultation to confirm. Responses in the client submitted control sample indicate conditions of collection, transport, and/or handling may have compromised function in both patient and control samples.

Viability:
 Patient 87.6% Client Control 84.7%

M.D.

Interpretive Information

White blood cells are incubated with dihydrorhodamine 123 (DHR) and catalase, then stimulated with Phorbol 12-Myristate 13-Acetate (PMA). Dihydrorhodamine oxidation to rhodamine by the respiratory burst of the cell is measured by flow cytometry. Results are reported as the ratio of the mean channel fluorescence of stimulated cells versus unstimulated cells, which yields a stimulation index (SI).

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS



Patient: [REDACTED]
 ARUP Accession: 16-358-104966