

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

Client: [REDACTED]  
Physician: [REDACTED]

ARUP Test Code: 2002300  
Collection Date: 12/06/2016  
Received in Lab: 12/07/2016  
Completion Date: 12/14/2016

**Interpretation**

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**Specimen received**

Specimen type: Lymph Node  
Reason for referral: Rule out Lymphoma  
Test performed: Chromosome Analysis

**Laboratory analysis**

Number of cells counted: 4  
Number of cells analyzed: 4  
Number of cells karyotyped: 4  
ISCN Band level: 375  
Banding Method: G-Banding

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**Chromosome results:**  
30-42,XY,-4,-5,add(6)(q21),add(8)(p11.2),-9,add(11)(q14),add(11)(q23),add(12)(p13),der(15;17)(q10;q10),-16,+1-3mar,inc[cp4]  
Suboptimal Mitotic Index  
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**Diagnostic Impression:**  
Evaluation of cultures of lymph node from this patient revealed a male chromosome complement with a complex hypodiploid chromosome complement with multiple numerical and structural abnormalities including the following clonal abnormalities:

- loss of chromosomes 4, 5, 9, and 16 ;
- additional material of unknown origin on the short arms of chromosomes 8 and 12;
- additional material of unknown origin on the long arm of chromosomes 6 and both chromosome 11 homologues;
- an unbalanced whole arm translocation between chromosomes 15 and 17, resulting in a loss of material from 17p (TP53).

Poor chromosome morphology prohibited a complete characterization of these abnormal cells; therefore the karyotype is designated as incomplete (inc) and a composite (cp) of the abnormalities is listed in the karyotype.

Only 4 metaphase cells were available for analysis. This poor mitotic yield may have prohibited the detection of additional clonal abnormalities.

Complex karyotypes are generally associated with more aggressive disease. Please correlate these results with clinical and other laboratory findings.



Patient: [REDACTED]  
ARUP Accession: 16-341-401471

# Chromosome Analysis, Lymph Node

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Patient: [REDACTED] | Date of Birth: [REDACTED] | Gender: M | Physician: [REDACTED]  
Patient Identifiers: [REDACTED] | Visit Number (FIN): [REDACTED]

This result has been reviewed and approved by [REDACTED],  
Ph.D., FACMG  
Electronic Signature

Test developed and characteristics determined by ARUP Laboratories. See Compliance  
Statement A: [aruplab.com/CS](http://aruplab.com/CS)

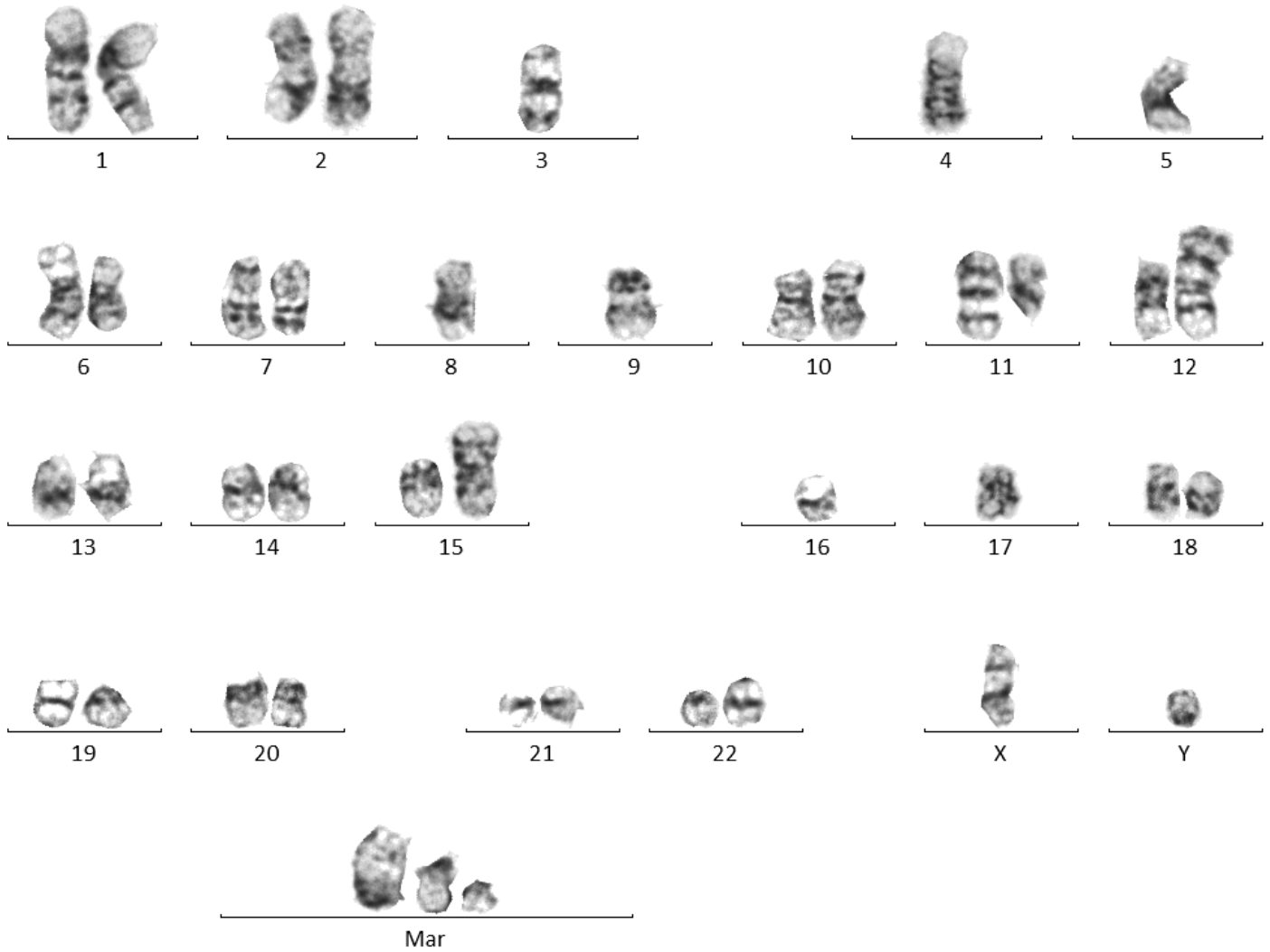


Patient: [REDACTED]  
ARUP Accession: 16-341-401471

# Chromosome Analysis, Lymph Node

Patient: \_\_\_\_\_ | Date of Birth: \_\_\_\_\_ | Gender: \_\_\_\_\_ | Physician: \_\_\_\_\_  
Patient Identifiers: \_\_\_\_\_ | Visit Number (FIN): \_\_\_\_\_

Slide ID: 0003



Patient: \_\_\_\_\_  
ARUP Accession: 16-341-401471