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500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787 Tracy I. George, MD, Chief Medical Officer

Specimen Collected: 22-Jun-21 15:54

Patient Age/Gender: 15 hours Unknown

HIV-1 I	Drug	Resistance by	NGS	Received:	22-Jun-21 15	:54 Re;	port/Verified	: 22-Jun-21 1	6:07	
Procedu	ure		Result		Units		Referen	nce Interval		
HIV-1	Drug	g Resistance	See Note	f1 i1						
by NGS	3									
ਸੰਸ ਸੰਸ	-w_1	Drug	See Note	f2						
	- V	biug	Dee Noce							
Resist	lance	S DY NGS								
Result	: Foc	<u>otnote</u>								
f1:	HIV-1	Drug Resistan	ce by NGS							
	Integ	grase Strand Tra	ansfer Inhib	itor Drug (Class					
		Bictegrav	ir,BIC	Sus	ceptible					
		Dolutegra	vir,DTG	Sus	ceptible					
		Elvitegra	vir,EVG	Sus	ceptible					
		Raltegrav	ir,RAL	Sus	ceptible					
		IN drug re	IN drug resistance mutations identified: None							
		IN access	ory resistan	ce mutation	ns identified:	None				
		IN additio	onal mutatio	ns identif:	ied: S17N, S39	N, M50I, I72V,	L101I, T112A,	T122I, T124A,	T125A,	
	G163T, K173R, I191D, D253E									
	Prote	ase Inhibitor I	Drug Class							
	11000	Atazanavi	C.ATV	Sus	ceptible					
		Darunavir	, DRV	Sus	ceptible					
		Fosamprena	avir,FPV	Sus	ceptible					
		Indinavir	,IDV	Sus	ceptible					
		Lopinavir	,LPV	Sus	ceptible					
		Nelfinavi	C,NFV	Sus	ceptible					
		Saquinavi	, SQV	Sus	ceptible					
		Tipranavi	C,TPV	Sus	ceptible					
		PR drug re	PR drug resistance mutations identified: None							
		PR access	PR accessory resistance mutations identified: None							
		PR additio	onal mutatio	ns identif:	ied: K14R, L19)I, N37S, L63S,	V77I, V82I			
	Nucleoside Reverse Transcriptase Inhibitor Drug Class									
		Abacavir,	ABC	Sus	ceptible					
		Zidovudine	e,AZT	Low	-Level Resistar	ıce				
		Stavudine	,D4T	Low	-Level Resistar	ice				
		Didanosine	e,DDI	Pote	ential Low-Leve	el Resistance				
		Emtricital	oine,FTC	Sus	ceptible					
		Lamivudine	e,LMV	Sus	ceptible					
		Tenofovir	, TDF	Sus	ceptible					
	NRTI drug resistance mutations identified: T215D									
	Non-nucleoside Reverse Transcriptase Inhibitor Drug Class									
		Doravirine	e,DOR	Pote	ential Low-Leve	el Resistance				
		Efavirenz	,EFV	Inte	ermediate Resis	stance				
		Etravirine	e,ETR	Sus	ceptible					
		Nevirapine	e,NVP	Higl	h-Level Resista	ance				

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Unless otherwise indicated, testing performed at: ARUP Laboratories 500 Chipeta Way, Salt Lake City, UT 84108 Laboratory Director: Tracy I. George, MD

 ARUP Accession:
 21-125-900290

 Report Request ID:
 15024789

 Printed:
 22-Jun-21 16:16

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HIV-1 Drug Resistance by NGS Rilpivirine, RPV

Patient Age/Gender: 15 hours Unknown

Result Footnote

f1:

Susceptible

NNRTI drug resistance mutations identified: Y188H

RT accessory resistance mutations identified: None

RT additional mutations identified: K64R, D177E, I202V, V245L, V245I, E248D, D250G, A272P, I293V, E312G, F346Y, G359S, K366R, A376S, T377M, K390R, E399D, A400T, V435M, V435T

HIVGenotyper software version: 1.0.0.0

Stanford HIV Drug Resistance Database Version: HIVDB_8.9-1 f2: EER HIV-1 Drug Resistance by NGS Access ARUP Enhanced Report using the link below:

-Direct access:

Test Information

i1: HIV-1 Drug Resistance by NGS INTERPRETIVE INFORMATION: HIV-1 Drug Resistance by NGS

This assay predicts HIV-1 resistance to protease inhibitors, nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and integrase inhibitors. The protease gene, integrase gene and the reverse transcriptase gene of the viral genome are sequenced using Next Generation Sequencing. Drug resistance is assigned using the Stanford hivdb database.

This test should be used in conjunction with clinical presentation and other laboratory markers. A patient's response to therapy depends on multiple factors, including patient adherence, percentage of resistant virus population, dosing, and drug pharmacology issues.

This test detects populations down to 10 percent of the total population which may account for resistance interpretation differences between methods. Some insertions or deletions may be difficult to detect using this software.

This test was developed, and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

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