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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

Patient Age/Sex: Female

Specimen Collected: 15-Jun-22 13:51

Chimerism, Post-Transp cells	lant, B Received: 15-3	Jun-22 13:51	Report/Verified: 15-Jun-22 15:06
Procedure	Result	Units	Reference Interval
Chimerism Post-B cel	l,Whole Blood		
Specimen			
Chimerism Post-B cel	1,5		
InformativeLoc			
Chimerism Post-B cel	1,100	00	
Percent Recip			
Chimerism Post-B cel	1,0	00	
Percent Donor			
Chimerism Post-B cell, Not Applicable			
Margin Error			
Chimerism Post-B cel	l, Type Recipient * fl il		
Interpretation			

Result Footnote

fl: Chimerism Post-B cell, Interpretation

Section 79-1 of New York State Civil Rights Law requires informed consent be obtained from patients (or their legal guardians) prior to pursuing genetic testing. These forms must be kept on file by the ordering physician. Consent forms for genetic testing are available at www.aruplab.com. Incidental findings are not reported unless clinically significant but are available upon request.

The B cell content of the isolated fraction typically ranges from 86.9 - 98.1%

This result has been reviewed and approved by

Test Information

il: Chimerism Post-B cell, Interpretation
BACKGROUND INFORMATION: Chimerism, Posttransplant,
Sorted Cells (B Cells)

INDICATION: Monitoring for bone marrow transplant patients; correlation with clinical status and consideration of the interval between bone marrow transplantation and testing is necessary for proper interpretation of results. METHODOLOGY: PCR followed by capillary electrophoresis. Specimens are analyzed using 15 autosomal markers (D8S1179, D21S11, D7S820, CSF1PO, D3S1358, THO1, D13S317, D16S539, D2S1338, D19S433, vWa, TPOX, D18S51, D5S818, and FGA) and one gender marker (amelogenin). LIMIT OF DETECTION: 2 percent of minor cell population. LIMITATIONS: Diagnostic errors can occur due to rare sequence variations.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug

*=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:
 22-166-900130

 Report Request ID:
 16270572

 Printed:
 21-Jun-22 07:22

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Tracy I. George, MD, Chief Medical Officer

Patient Age/Sex:

Female

Test Information

i1: Chimerism Post-B cell, Interpretation Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

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