

Specimen Collected: 08-Jun-22 15:31**Chimerism, Post-Transplant, CD33 |Received: 08-Jun-22 15:31****Report/Verified: 15-Jun-22 13:40****Cells**

| Procedure | Result | Units | Reference Interval |
|-------------------------------------|-------------------------------|-------|--------------------|
| Chimerism Post-CD33, Specimen | Whole Blood | | |
| Chimerism Post-CD33, InformativeLoc | 5 | | |
| Chimerism Post-CD33, Percent Recip | 100 | % | |
| Chimerism Post-CD33, Percent Donor | 0 | % | |
| Chimerism Post-CD33, Margin Error | Not Applicable | | |
| Chimerism Post-CD33, Interpretation | Type Recipient * f1 i1 | | |

Result Footnote

f1: Chimerism Post-CD33, 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 CD33+ cell content of the isolated fraction typically ranges from 94 - 98%.

This result has been reviewed and approved by [REDACTED]

Test Information

i1: Chimerism Post-CD33, Interpretation

BACKGROUND INFORMATION: Chimerism, Posttransplant, Sorted Cells (CD33+ 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, TH01, 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 Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

*=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**

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Laboratory Director: Tracy I. George, MD

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