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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: Male

## Specimen Collected: 08-Jun-22 15:20

Chimerism, Post-Transpl	ant,  Received: 08-	Jun-22 15:20	Report/Verified: 15-Jun-22 13:38
Monocytes Procedure	Result	Units	Reference Interval
Chimerism Post-	Whole Blood		
Monocytes,Specimen			
Chimerism Post-	5		
Monocytes,			
InformativeLoc			
Chimerism Post-	100	00	
Monocytes,Percent			
Recip			
Chimerism Post-	0	010	
Monocytes,Percent			
Donor			
Chimerism Post-	Not Applicable		
Monocytes, Margin Erro			
Chimerism Post-	Type Recipient <sup>* fl il</sup>		
Monocytes,			
Interpretation			

## Result Footnote

f1: Chimerism Post-Monocytes, 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 CD14+ cell content of the isolated fraction is approximately 93%.

This result has been reviewed and approved by

## Test Information

i1: Chimerism Post-Monocytes, Interpretation BACKGROUND INFORMATION: Chimerism, Posttransplant, Sorted Cells (Monocytes)

> 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.

\*=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:
 22-159-900288

 Report Request ID:
 16270644

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 21-Jun-22 08:04

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Patient Age/Sex: Male

Test Information

il: Chimerism Post-Monocytes, Interpretation

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.

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