

**Specimen Collected: 15-Jun-22 13:30**

Chimerism, Post-Transplant		Received: 15-Jun-22 13:30	Report/Verified: 15-Jun-22 15:06
Procedure	Result	Units	Reference Interval
Chimerism Post, Specimen	Whole Blood		
Chimerism Post, InformativeLoc	5		
Chimerism Post, Percent 100 Recip		%	
Chimerism Post, Percent 0 Donor		%	
Chimerism Post, Margin Error	Not Applicable		
Chimerism Post, Interpretation	<b>Type Recipient * f1 i1</b>		

**Result Footnote**

f1: Chimerism Post, 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](http://www.aruplab.com). Incidental findings are not reported unless clinically significant but are available upon request.

This result has been reviewed and approved by [REDACTED]

**Test Information**

i1: Chimerism Post, Interpretation

BACKGROUND INFORMATION: Chimerism, Posttransplant

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**

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Tracy I. George, MD

**ARUP Accession:** 22-166-900115

**Report Request ID:** 16270614

**Printed:** 21-Jun-22 07:27