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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 15:04

Chimerism-Donor	Receiv	red: 08-Jun-22 15:04	Report/Verified: 14-Jun-22 16:43
Procedure	Result	Units	Reference Interval
Chimerism Donor,	Whole Blood		
Specimen			
Chimerism Donor,	See Note		
Recipient Name			
Chimerism Donor,	10		
InformativeLoci			
Chimerism Donor,	See Note ^{f1 i1}		
Interpretation			
-			

Result Footnote

f1: Chimerism Donor, 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.

Donor for: CERT TEST, STR PRE

This result has been reviewed and approved by

Test Information

i1:

Chimerism Donor, Interpretation BACKGROUND INFORMATION: Chimerism, Donor

INDICATION: Monitoring for bone marrow transplant patients; 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). 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