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Tracy I. George, MD, Chief Medical Officer

Patient Report

Patient Age/Sex: Male

Specimen Collected: 08-Jun-22 15:06

Chimerism Additional Donor |Received: 08-Jun-22 15:06 Report/Verified: 14-Jun-22 17:28

Procedure	Result	Units	Reference Interval
Chimerism Ad Don, Specimen	Whole Blood		
Chimerism Ad Don, Recipient Name	See Note		
Chimerism Ad Don, InformativeLoci	5		
Chimerism Ad Don, Interpretation	Informative [f1] [i1]		

Result Footnote

f1: Chimerism Ad Don, 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 [redacted]

Test Information

i1: Chimerism Ad Don, Interpretation

BACKGROUND INFORMATION: Chimerism, Additional 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.