**ARUP** Laboratories

500 Chipeta Way – Salt Lake City, UT 84108 (800)522-2787 - www.aruplab.com Julio C. Delgado, M.D. M.S., Director of Laboratories Patient Age/Gender: Unknown Male Printed: 14-Dec-18 13:50:00

Procedure EGFR FISH Result	Result Not Amplified f	<u>Units</u>	Ref Interval	Accession   Collected   Received   Verified   12-Dec-18   14-Dec-18   10:28:00   10:28:00   13:43:55
EGFR/CEP7 FISH Ratio	1.0			18-346-900185 12-Dec-18 12-Dec-18 14-Dec-18 10:28:00 10:28:00 13:43:55
Average EGFR Signal Number per Cell	2.0			18-346-900185 12-Dec-18 12-Dec-18 14-Dec-18 10:28:00 10:28:00 13:43:55
Average CEP7 Signal Number per Cell	2.0			18-346-900185 12-Dec-18 12-Dec-18 14-Dec-18 10:28:00 10:28:00 13:43:55
EGFR FISH Reference Number	S18-123			18-346-900185 12-Dec-18 12-Dec-18 14-Dec-18 10:28:00 10:28:00 13:43:55
EGFR FISH Source	Tissue			18-346-900185 12-Dec-18 12-Dec-18 14-Dec-18 10:28:00 10:28:00 13:43:55
Total Cell Count	50			18-346-900185 12-Dec-18 12-Dec-18 14-Dec-18 10:28:00 10:28:00 13:43:55
Scoring Method	Manual			18-346-900185 12-Dec-18 12-Dec-18 14-Dec-18 10:28:00 10:28:00 13:43:55

12-Dec-18 10:28:00 EGFR FISH Result:

This result has been reviewed and approved by Larissa V. Furtado, M.D. Controls performed as expected.

12-Dec-18 10:28:00 EGFR FISH Result: METHODOLOGY AND INTERPRETIVE DATA:

Fluorescence in situ hybridization (FISH) analysis for EGFR gene amplification was performed on a section from a paraffin embedded tissue block using differentially labeled fluorescent probes targeting the EGFR gene and the chromosome 7 centromere (CEP 7) (Abbott Molecular). Cells were evaluated from regions of tumor identified on histopathologic review of a matching hematoxylin and eosin stained section. Controls performed appropriately.

EGFR gene amplification (EGFR/CEP7 ratio of 2.0 or greater) is observed in a variety of tumor types. In gliomas, EGFR amplification is associated with higher grade tumors, especially primary glioblastomas. EGFR amplification status has been correlated with a worse outcome in anaplastic astrocytoma, and may also be used as a prognostic marker or to predict tumor response to targeted therapy in certain other tumor types.

## Reference:

Louis DN, Ohgaki H, Wiestler OD, Cavenee WK, Ellison DW, Figarella-Branger D, Perry A, Reifenberger G, von Deimling A, Eds. WHO Classification of Tumours of the Central Nervous System, Revised 4th Edition. Lyon, France: International Agency for Research on Cancer, 2016.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement A: aruplab.com/CS.

\* Abnormal, # = Corrected, C = Critical, f = Footnote, H = High, L = Low, t = Interpretive Text, @ = Reference Lab

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## \*\*\*Example Report\*\*\*

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