
Specimen Collected: 5/6/2025 08:13 MDT**RhD Gene (RHD) Copy Number by PCR** | Received: 5/6/2025 08:13 MDT Report/Verified: 5/7/2025 15:49 MDT

| Procedure | Result | Units | Reference Interval |
|----------------|---------------------------|-------|--------------------|
| Spcm RHD PCR | Whole Blood | | |
| RHD PCR Interp | 2 copies ^{f1 i1} | | |

Result Footnote

f1: RHD PCR Interp

Indication for testing: Determine parental or neonatal RhD copy number to assess risk for alloimmune hemolytic disease in offspring.

Homozygous: Two copies of the RhD allele were detected in this whole blood sample, predictive of an RhD-positive phenotype in this individual. All of this individual's offspring will inherit an RhD allele which is predicted to result in an RhD positive phenotype. Please refer to the background information included in this report for limitations of this test.

This result has been reviewed and approved by [REDACTED]

Test Information

i1: RHD PCR Interp

BACKGROUND INFORMATION: RhD Gene (RHD) Copy Number by PCR**CHARACTERISTICS:** Fetal or neonatal erythroblastosis and hydrops.**INCIDENCE OF RHD NEGATIVE GENOTYPE:** 15 percent Whites, 5 percent African Americans, less than 1 percent Asians.**INHERITANCE:** Autosomal recessive.**CAUSE:** Maternal-fetal Rh D antigen incompatibility.**CLINICAL SENSITIVITY:** Greater than 98 percent.**METHODS:** Determine the presence of the RHD exons 5, 7, and a 37 base pair insertion in the intron 3/exon 4 boundary by Polymerase Chain Reaction (PCR)/ Fluorescence Monitoring. Allelic height ratios are used to determine the number of copies of RHD as compared to RHCE.**ANALYTICAL SENSITIVITY AND SPECIFICITY:** Greater than 99 percent.**LIMITATIONS:** Does not identify or distinguish between partial and weak RHD genotypes. Specificity may be compromised by variants in primer sites or those outside the RHD exons examined. Diagnostic errors can occur due to rare sequence variations. A fetal sample is required for determination of fetal RHD genotype. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplantation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US 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: Jonathan R. Genzen, MD, PhD

ARUP Accession: 25-126-900020**Report Request ID:** 20431759**Printed:** 5/8/2025 11:28 MDT

Page 1 of 2

Patient Age/Sex: 33 years Female

Test Information

i1: RHD PCR Interp

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

*=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: Jonathan R. Genzen, MD, PhD

ARUP Accession: 25-126-900020

Report Request ID: 20431759

Printed: 5/8/2025 11:28 MDT

Page 2 of 2