



Patient: Jane A. Doe
DOB/Gender: 01/13/40 (79 yrs) - Female
Patient ID/MRN: 123456
Date Collected: 01/10/2020 13:30



Case#/Status: X20-00355 - Partial
Report Category:
Neoplastic



Provider: John Smith, M.D.
Hematology Oncology Associates
Tel: 800-123-4567
Fax: 800-765-4321

PENDING STUDIES: Comprehensive assessment

Your patient's next appointment is on 02/03/20.

 **DIAGNOSIS:**

Peripheral blood:

1. Aberrant CD56 expression by granulocytes and monocytes consistent with dysmyelopoiesis.
2. Granulocytes exhibit an abnormal pattern of expression of CD11b, CD13, and CD16.
3. Expanded population of CD34+ and CD117+ myeloid blasts, 4% of analyzed sample.



INTERPRETATION

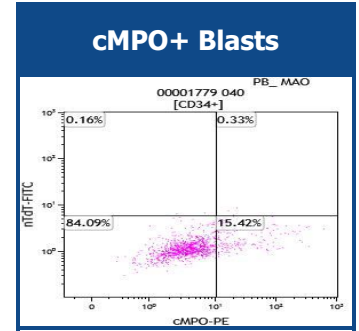
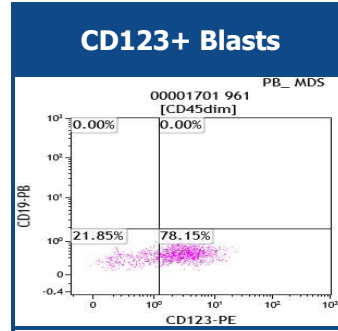
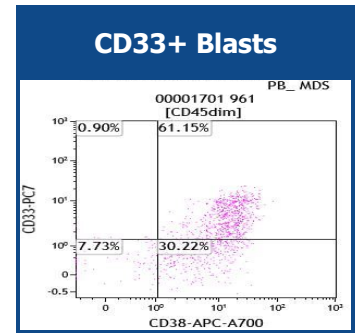
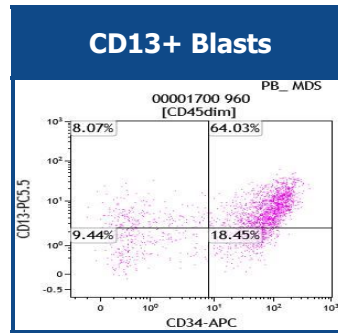
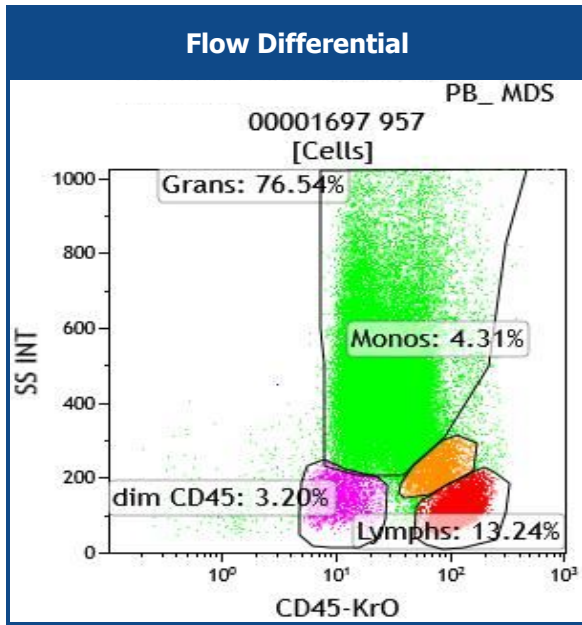
The granulocytes show a small aberrant CD56 expression suggestive of dysmyelopoiesis. The granulocytes exhibit an abnormal pattern of expression of CD11b, CD13, and CD16 in peripheral blood. There is a total of 4% CD34+ cells identified which are positive for CD123, CD33, CD117, HLA-DR, CD38. The lymphocytes (13%) include 10% polyclonal B-cells, 33% mature T-cells with a normal CD4/CD8 ratio, and 7% natural killer (NK) cells.

RESULT

Analysis Time: 01/11/2020, 14:37

Viability: 97% (Normal > 80%)

Specimen: PB, Lavender-top tube



Flow Cytometry Differential

Lymphocytes:	13%
Monocytes:	4%
Granulocytes:	77%
dim CD45:	3%
CD45 neg:	5%

Blasts		Granulocytes		Lymphocytes	
Marker	%	Marker	%	Marker	%
cCD3	1	CD4	15	CD2	86
CD2	<1	CD10	30	CD3	80
CD3	<1	CD11b	99	CD4	48
CD4	1	CD13	68	CD5	80
CD5	<1	CD14	38	CD7	83
CD7	3	CD15	99	CD8	32
CD8	4	CD16	65	CD10	<1
CD10	1	CD19	1	CD19	10
CD11b	8	CD33	88	CD20	10
CD13	72	CD34	1	CD38	9
CD14	40	CD38	92	CD45	100
CD16	4	CD45	100	CD56	7
CD19	<1	CD56	2	CD200	9
CD20	12	CD64	29	Kappa	57
CD33	57	CD117	2	Lambda	38
CD34	82	HLA-DR	6	TCR pan gamma_delta	<1
CD38	90				
CD45	100				
CD64	4				
CD117	97				
HLA-DR	85				
Myeloperoxidase	16				
TdT	<1				

 **CLINICAL DATA**


ICD-10: C92.20, D72.829, D72.828, D72.821, D69.6. Leukocytosis. Thrombocytopenia. Anemia. Possible atypical CML. Neutrophilia. Monocytosis.


Received CBC, reported on 01/10/2020: WBC 40.1; RBC 3.27; HGB 10.8; HCT 32.9; MCV 101; MCH 33.0; MCHC 32.8; RDW 19.0%; PLT 93; MPV 12.3; LYM 22.7%; MON 8.7%; NEU 46.1%; EOS 1.2%; BAS 2.8%

Electronically Signed By: Frank Bauer, MD, Precipio, Inc. (01/13/20 11:05)

Disclaimer: The adequacy of staining is verified by the appropriate positive and negative controls. The reagents used for these assays are analyte specific reagents (ASR). Their performance characteristics have been validated by Precipio, Inc., New Haven, CT. They have not been reviewed by the FDA. The FDA has deemed that such approval is unwarranted. These assays are for clinical use and should not be viewed as experimental or "research use only".

 **Patient:** Jane A. Doe

 **Case #:** X20-00355

 **Received Information:** 1 green-top tube, 1 lavender-top tube

 **Received:** 01/11/20 10:30

 **Reported:** 01/13/20 11:25