

**SAPIENS SG**  
**GENETIC DISEASES DIAGNOSTIC CENTER**  
**MOLECULAR CYTOGENETICS REPORT**  
LABORATORY LICENCE NO: GHDM-SM/34.39/01

<b>Patient Name</b>	: .....	<b>Sampling Location</b>	:
<b>Gender</b>	: .....	<b>Test Request Date /Time</b>	:
<b>Date of Birth</b>	: .....	<b>Sample Collection Date /Time</b>	:
<b>ID Number</b>	: .....	<b>Sample Acceptance Date /Time</b>	:
<b>Protocol Number</b>	: .....	<b>Report Approval Date / Time</b>	:
<b>Sample Number</b>	: .....	<b>Report Release Date / Report Number</b>	:
<b>Sample Type</b>	:		

**Referring Center/ Physician :**

**Reason for Referral :**

**Test Name:** MLL (11q23.3) Break (KMT2A Break) - FISH

**Method:** Floresan In situ Hybridization (FISH)

**Observed Cell Number:** 200

**Probe Used:** XL KMT2A BA (MetaSystems, D-5090)

**ANALYSIS RESULTS (ISCN,2020)**

**NEGATIVE**  
**nuc ish(MLLx2)[200]**

**INTERPRETATION:**

In the FISH analysis of unstimulated peripheral blood sample; 200 interphase nuclei were scored and normal hybridization patterns were observed for 11q23.3 (KMT2A) loci. No evidence of the 11q23.3 (KMT2A) re-arrangement was detected.

\* Laboratory cut-off value for this test: 1,6%

**RECOMMENDATIONS:**

1. The result should be evaluated together with clinical and other laboratory findings and recommended not for decision-making alone.
2. Therapy decisions should be planned with a multidisciplinary approach.
3. Please refer to the technical features and limitations section.

**TECHNICAL SPECIFICATIONS AND LIMITATIONS:**

FISH analysis does not cover genetic abnormalities out of the target region and apart from the detection capacity of the probe used. The results under cut-off or lower rate findings, as well as signal patterns apart from the evaluation criteria of the test may not be specified in the report. It will be shared separately if requested. No

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comment can be made on the adequacy of the analysis and additional interpretation/recommendations can not be made in patients for whom sufficient clinical data is not shared. This test was performed from the above-mentioned material type. This sample was sent to our center with the record of the patient mentioned above. There is the possibility of false positive-negative results within the technical characteristics - limitations of the method used. It is recommended to consider the influencing factors that may be involved in pre-analytical errors before the material arrive to our institution. The responsibility of this process does not belong to our institution. The test does not include sample verification. As with all laboratory tests, clinical findings should be prioritized; If necessary, additional tests / re-tests should be requested in case of clinical suspicion. As with all laboratory tests, it should not be used alone as a clinical decision maker. No comment can be made on the adequacy of the analysis, in patients for whom sufficient clinical data is not shared, and additional interpretation/recommendations cannot be made. Genetic counseling should be recommended before and after the test in all genetic screening.

Signature

Signature

Sapiens SG Genetic Diseases Diagnostic Center has ISO 15189 Medical Laboratory Accreditation.  
This report may not be partially copied or reproduced without permission of our center.  
Unsigned reports are invalid.  
This result covers only the analyzed sample.

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Sayfa 2