

Master MOHAMMED SAMI
Age: 4 Yrs Sex: Male
Lab No : 10242348
Permanent ID :

Reference :

Registered On 05/06/2024 14:34:12
Collected On 05/06/2024 14:35:38
Authenticated On 08/06/2024 12:09:25
FLW/24-2159



**Minimal Residual Disease (MRD) for
AML**

Clinical history	K/C/O acute myeloid leukemia
Specimen	Bone Marrow
Instrument software	BD FACS LYRIC/BD FACS SUITE
Gating strategy	12 color FCM using FSC Vs CD45 SSC gating
Cell preparation method	Stain - Lyse - Wash
Number of Events Acquired	1367204
FSC SSC Viable events	1266796
MRD events	109286
MRD +ve % (MRD events/FSC-SSC events)	8.6270 %

Descriptive summary:

Flow cytometric immunophenotypic analysis of the bone marrow was done on CD45/side scatter plots. A total of 13.67 lac events were acquired.

Abnormal myeloid blasts are identified and they express dim CD45, bright homogeneous CD33, dim to negative CD13, moderate CD38, moderate to dim CD123 and moderate heterogeneous CD117.

These blasts are negative for CD14, CD64, CD34, CD36, CD16, CD15, CD7, CD19, CD56 and CD11b.

Impression: Flow cytometry analysis shows ~8.62% residual disease in a known case of acute myeloid leukemia.

Note: For the above AML MRD assay, validated sensitivity for detection is upto 0.1% of all viable cells.

A two-tube 12-colour panel is used for the AML MRD assay. CD34, CD38, CD117, HLADR, CD45, CD13 are common gating markers in both tubes. Other markers include CD33, CD36, CD64, CD14, CD16, CD123, CD15, CD11b, CD7, CD19 and CD56. For calculation of limit of detection (LOD) a threshold of 20 events and for limit of quantification (LOQ) a threshold of 50 events are used. MRD results are to be correlated with clinical details, diagnostic immunophenotype and cytogenetic profile of the patient. MRD can be used as an independent prognostic factor for the patient, however its role for therapeutic decisions is to be



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Page No: 1 of 2



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based on the treatment protocol being used for the patient.

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*** End of Report ***

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