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MC-6043

To: Dr.Prashant Hirwarkar-Mumbai
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Mahaarashtra
Report Of: Mr. ARYAN PANDA

Sample ID : 2400116209
Patient ID : 1002429676
Collected on : 06-06-2024
Received on : 07-06-2024
Reported on : 12-06-2024 05:47:31
Ref By : Dr. Prashant Hirwarkar

MOLECULAR GENETICS REPORT

Patient Name	: **Mr. ARYAN PANDA**	**Age**	: **10 Years 1 Month**
Physician Name	: **Dr. Prashant Hirwarkar**	**Gender**	: **Male**
Provisional Diagnosis	: **k/c/o AML post hsct +339**	**Specimen Status**	: **Ok**
Specimen Type	: **Peripheral Blood (PB)**	**Disease Status**	: **Followup**
Test Requested	: **FLT3-D835 (TKD) mutation**		

Test : **FLT3-D835 (TKD) mutation Analysis.**

Result: Negative

FLT3-D835 (TKD) mutation Analysis:

Gene	Exon	Codon	Result	Mutation	COSMIC ID	Clinical significance
FLT3	20	D835	Not detected	-	-	-

Conclusion: The specimen tested negative for FLT3-ITD and FLT3-TKD (D835) mutations. Kindly correlate with clinical findings.

Methodology:
Following DNA extraction from the specimen, the respective region of FLT3-D835 was amplified by polymerase chain reaction. FLT3-D835 (TKD) mutation was detected by DNA sequencing using capillary electrophoresis. The analytical sensitivity of FLT3-D835 (TKD) is determined to be 15% of the tumor load. Reference sequence for FLT3 is NM_004119.2 and NP_004110.2.

Lilac Insights Pvt. Ltd. 301-302, Building A-1, Rupa Solitaire Millennium Business Park, MIDC Industrial Area, Sector-1, Navi Mumbai, Maharashtra 400710.
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References:

1. Zaker et al.: Detection of KIT and FLT3 mutations in Acute Myeloid Leukemia with different subtypes, Archives of Iranian Medicine 2010; 13(1): 21-25.
2. Thiede et al.: Analysis of FLT3-activating mutations in 979 patients with acute myelogenous leukemia : association with FAB subtypes and identification of subgroups with poor prognosis. Blood 2002 June; 99:4326-4335
3. Arber et al.: The 2016 revision to the World Health Organization classification of myeloid neoplasms a nd acute leukemia. Blood 2016;127(20):2391-2405
4. Dohner et al.: Diagnosis and management of AML in adults: 2017 ELN recommendations from an inte rnational expert panel. Blood 2017; 129(4):424-447.

Prepared By : **Priyanka Surve**
Verified By : **Dr.Darshana Mirgal**

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- End of Report -

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Conditions of Reporting/Disclaimer:

- This report is based on the sample received in the Lilac Insights laboratory; the analysis is based on the assumption that samples received are representative of the patient mentioned on the test requisition form and the sample. When samples are received from various referral centers, it is presumed that patient demographics are verified at the point of sample collection.
- All samples for molecular studies must be collected in EDTA tubes (lavender cap). A sample where the test requisition requires RNA and subsequent cDNA conversion, must be maintained and transported at 4°C until it reaches Lilac Insights Pvt. Ltd. within 24 hours to prevent degradation of the RNA in the sample. FFPE tissue blocks often yield fragmented DNA of low concentrations which can impact result quality.
- Assays are performed in accordance with standard procedure on receipt. The reported results are dependent on individual assay methods, equipment used, method specificity, sensitivity and quality of specimen(s) received.
- Despite all the necessary precautions and stringency adopted whilst performing DNA tests, the currently available data indicates that the technical error rate associated with all types of DNA analysis, is approximately 2%.
- Although molecular testing is highly accurate, rarely false-positive & false-negative diagnostic errors may occur due to improper quality control during sample collection, cellular integrity of sample, selection of inappropriate specimen and/or presence of PCR inhibitors. PCR primer binding site polymorphisms or mutations might lead to allele dropout & cause false negative results.
- It is important that all clinicians or persons requesting DNA diagnostic tests are aware of these data before acting upon these results. As with all diagnostic tests, the laboratory report must be interpreted in conjunction with the presenting clinical profile of the patient and evaluation of all reports.
- In sequencing based tests sometimes variants of unknown significance (VUCS) are detected that have either not been reported before, and/or whose effect cannot be determined based on the current knowledge standards and reporting guidelines. In such cases, we recommend periodic review of these variants to determine any change in classification based on new published research.
- Lilac Insights Pvt. Ltd. has policy to return the FFPE blocks within one month after final reporting with proper documentation of the dispatch of the block to customer from accession dept, Lilac. After dispatch, if there is no intimation from customer within two weeks, Lilac will not be responsible for the dispatched FFPE block.
- Soft copies of reports are sent to customer by office mail ID. Also, Hardcopies are sent to customer only on the address provided by client.

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