

दिनांक: 12/12/2022

सेवा में,
क्षेत्रीय कर्यपाल निर्देशक
पश्चिमी क्षेत्र, मुंबई-99

उचित माध्यम द्वारा

ध्यानाकर्षण - महाप्रबंधक (मानव संसाधन)

विषय - स्वयं के खर्च पर स्थानातरण हेतु।

महोदय,

आपसे नम्र निवेदन है की मैं पृष्ठेन्द्र सिंह, कनिष्ठ सहायक (अग्निशमन सेवा) (Emp no 10024350) दिव हवाईअड्डा पर कार्यरत हु। मेरी माता श्री ब्लड केंसर (लास्ट स्टेज) से पीड़ित हैं उनका इलाज जबलपुर (म.प्र) एवं नागपुर में चल रहा है उन्हें हर 15 दिनों में अस्पताल ले जाना पड़ता है। डाक्टर ने ब्लड केंसर का क्रोनिक प्रमाण पात्र भी दिया है। जो मैंने दीव हवाई अड्डा पर जमा कर चूका हु। मेरी माता श्री वर्तमान में जबलपुर में निवास कर रही ही। मैं अपने माता-पिता का एकलौता पुत्र हु। मेरे पिता जी किसान है एवं वे जादा पढ़े-लिखे नहीं हैं। मेरे माता-पिता मेरे पर पूर्णतः आश्रित हैं। तथा दिव शहर में मेडिकल (हॉस्पिटल) की सुविधा भी उपलब्ध नहीं है, की मैं अपने माता जी का इलाज दिव में करा सकु अतः आपसे नम्र निवेदन है की आप मेरा स्थानातरण जबलपुर, रीवा या सतना हवाईअड्डे पर करने की कृपा करे जिसे मैं मेरे माता-पिता की सेवा कर सकू जिसे उन्हें उन्हें कम परेशानिया हो। मैं आशा करता हु की आप मेरी समस्यों पर विवेचना करने की कृपा करे।

धन्यवाद।

भवदीय


(पृष्ठेन्द्र सिंह)

कनिष्ठ सहायक (अग्निशमन सेवा),

Emp no -10024350

दीव हवाई अड्डा

संलग्न - 1. मेडिकल रिपोर्ट, 2. क्रोनिक प्रमाण 3. स्थानातरण फॉर्म,

प्रतीलिपि - 1. आर.एफ ओ (पश्चिमी क्षेत्र)
2. आर. एस (ए.ए.इ.यु)



Annexure-I

Airports Authority of India
Department of Human Resource
Chronic Certificate

This is to certify that Shri / Smt. SHAKUNTALA SINGH (Name of patient) aged 52 years (Relationship) of Sh. / Smt. PUSHPENDRA SINGH who is working / has worked (in case of retired employee) as JUNIOR ASSISTANT (Designation) in Airports Authority of India is suffering from MYLOIDIOSIS (BLOOD CANCER) disease which is Chronic disease mention at serial no. 3 of Annexure B of AAI Medical Policy and is under treatment of Doctor (Specialist/MD/MS/Hospital) Dr Nishad Dhakate Registration no.

2006/04/2296 Since 1 yr.

Medicine/Drugs/Test to be included under Chronic Diseases are

1. ABC
2. LET
3. RFT
4. Vit B12 lev +
5. HDM
6. Peripheral smear
7. Hydroxyurea
8. Jakafi 15mg BD
10. Stylo OD
11. _____
12. _____

The above mentioned prescribed medicine are subject to review of patient condition.

Signature of Doctor:

Name of the Doctor:

Rubber seal with Regn no: 2006/04/2296

Dr. Nishad Dhakate
Consultant - Haemato-Oncology
MMC/2006/04/2396
HCG NCHRI Cancer Centre, Nagpur

This is to certify that this chronic certificate is valid for 1 year from date 20/5/2024 for Smt. Shakuntala Singh mother of Sh. Pushpendra Singh, Jr. ASST. (FS) Emp ID - 10024350.

Chintan
CN IPAK
AM(ATSEP)/HR

प्रभारी (आर.एस.) / In Charge (H.R.)
क्षेत्र विमानपतन निदेशक / For Airport Director
डिउ एयरपोर्ट / Diu Airport



UNDERTAKING TO BE SUBMITTED BY AAI BENEFICIARY AT THE TIME OF
SUBMITTING CHRONIC CERTIFICATE

Name of AAI employee (Serving or Retired): PUSHPENDRA SINGH

Employee no.: 10024350

Name of Patient: SHAKUNTALA SINGH

Relationship with Patient: MOTHER

Address of patient: Village Chauraha Tehsil Amarpur Satna 485778

Declaration

1. I hereby declare that the above given information is best to my knowledge and is as per rules mentioned in AAI Medical Policy. I will be held responsible in case of any false information.
2. The medicines recommended by Doctors in the Chronic certificate is being consumed by the patient.

Date: 21/05/2024

Signature: P.Singh

Place: DIV

Name of the employee: PUSHPENDRA SINGH

Employee number: 10024350

Enclosure:

1. Chronic disease certificate certified by Doctor.
2. Prescription dated 10/05/24 of Dr. Nishad Dhakate
3. Medical receipt no./ Medical report no. MHHNC.000024178 dated 18/07/2023



HCG NCHRI
CANCER CENTRE
adding life to years

Date: 21/03/2024

To Whom So Ever It May Concern:

Mrs. Shakuntala Singh, age 52 year old female is a known case of post polycythemia vera myelofibrosis (blood cancer). She is under treatment at HCG NCHRI Cancer Center and needs regular followup and treatment.

Yours sincerely,

Dr. Nishad Dhakate
Consultant Hematologist and Bone Marrow Transplant Physician
MD (Medicine) DM (Hematology)
Fellowship in Leukemia and BMT, Canada Fellowship in BMT, RGCI Delhi
Mobile: 07042832629
Email: dr.nishad.dhakate@gmail.com

Dr. Nishad Dhakate
Consultant - Haemato-Oncology
MMC/2006/04/2396
HCG NCHRI Cancer Centre, Nagpur

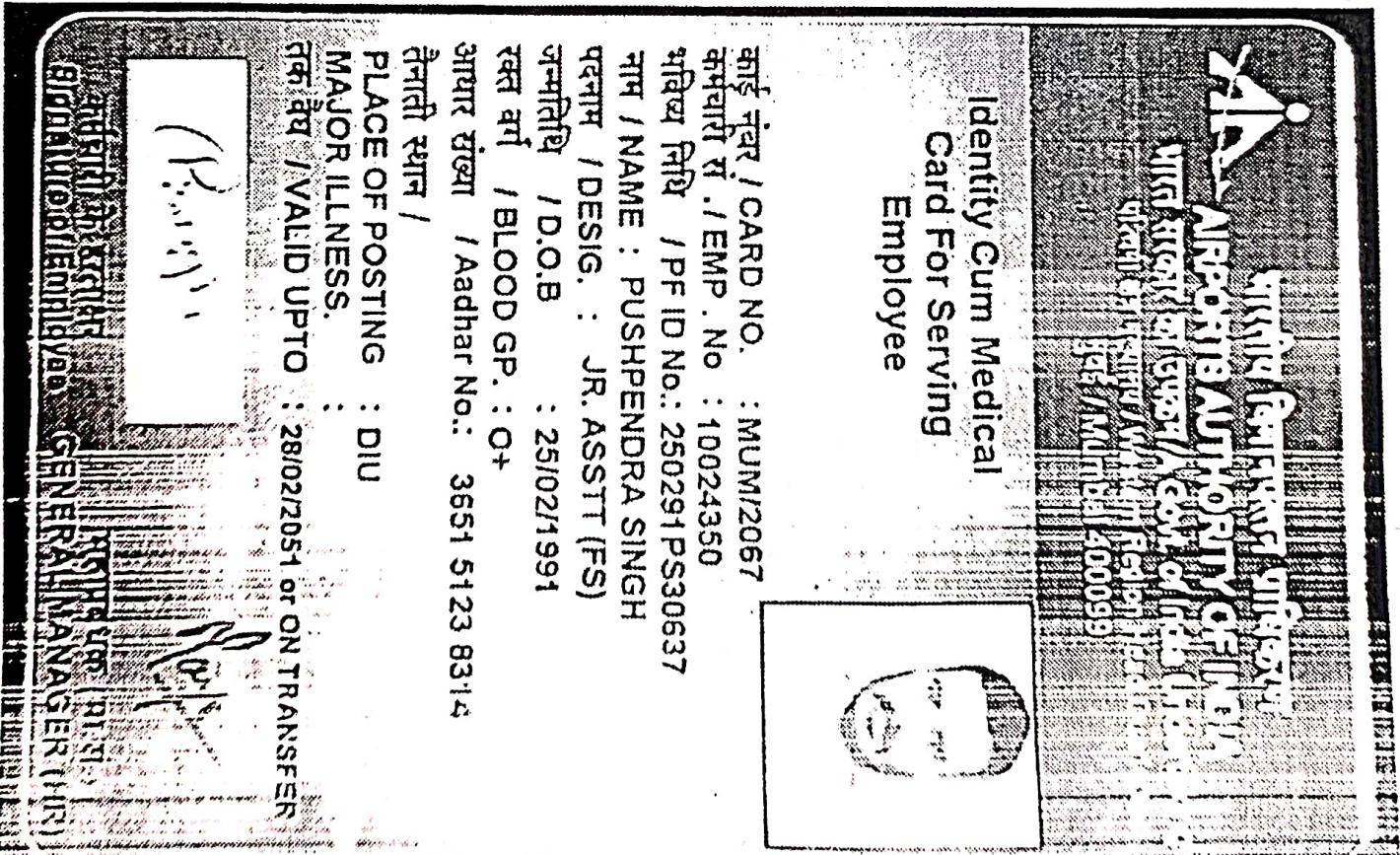
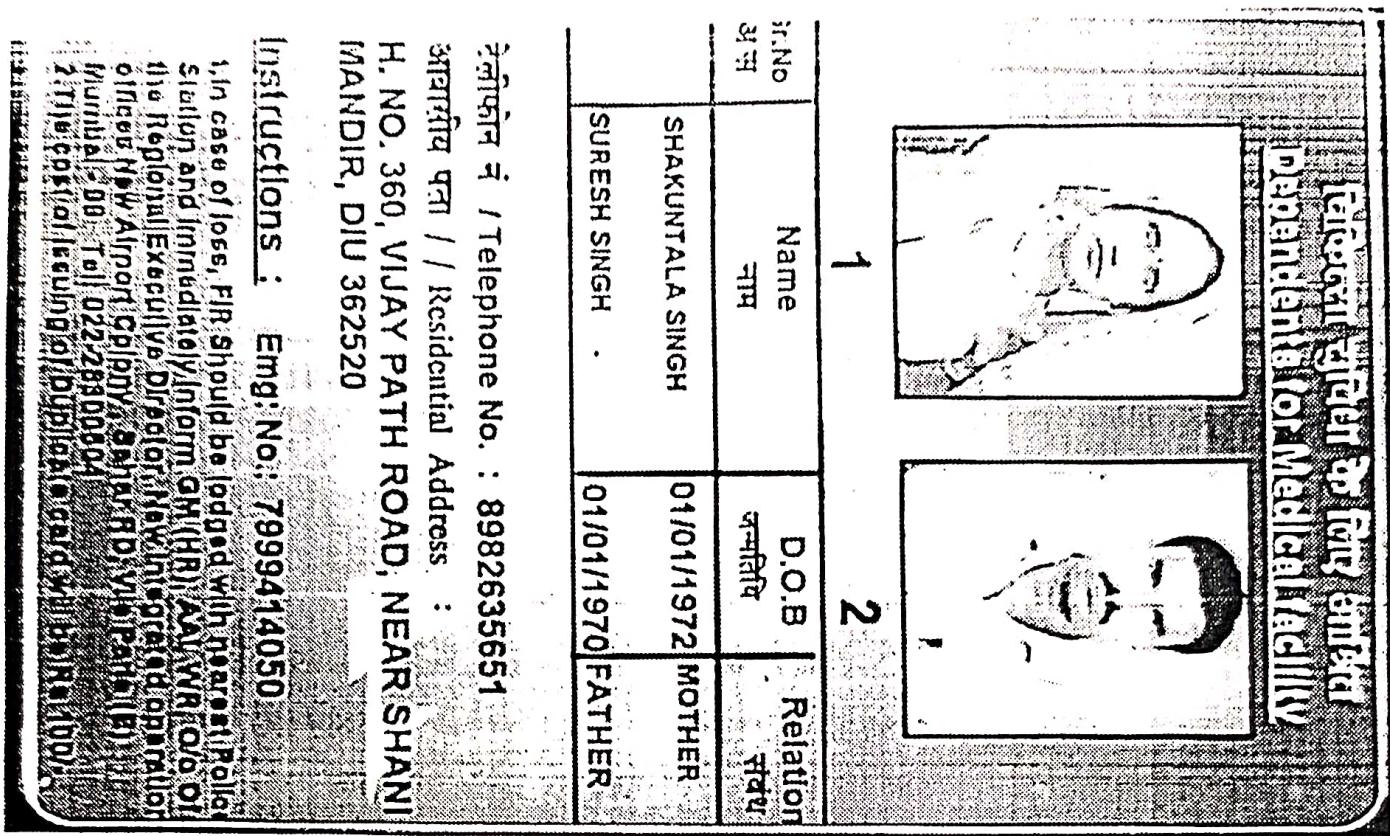
HCG NCHRI Cancer Center

Khasra No. 50, 51, Mouja Wanjal, Bande Nawaz Nagar, Near Automotive Square, Kalmanna Ring Road, Nagpur - 440026 | 0712 6711 200 | 6358888822 | info@hcgel.com | hcgel.com

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HCG NCTRI CANCER CENTRE

DIVISION OF HEMATOLOGY & BMT

PATIENT NAME: Mrs. Shaktala Singh

AGE: 57 years

DATE: 19.11.2024

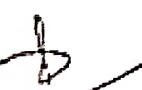
SEX: Female

DIAGNOSIS: Myelofibrosis, JAK2 positive, transfusion dependent. On examination, massive splenomegaly

MEDICATIONS:

Sr No.	Medicine	Dose	Frequency	Duration
1	Tab Jakavi	15 mg	Twice a day	6 months
2	Tab Ecosprin	75 mg	Once a day	6 months

ADVISE: Followup after 2 months with CBC, LFT, RFT, LDH, peripheral smear.


Dr. Nishad Dhakate

Consultant Hematologist and Bone Marrow Transplant Physician
MD (Medicine) DM (Hematology)

Fellowship in Leukemia and BMT, Canada Fellowship in BMT, RGCI Delhi
Mobile: 7509274344
Email: dr.nishad.dhakate@gmail.com



OPD ADVICE

HCG NCHR
CANCER CENTRE
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Patient Name | ISHAKUNTALA SINGH
Age / Gender | 52 / F
UHID No | MHHCN.0000024170
OPD Date Time | 21 Jul 2023 01:13 PM

Consultant | Dr. Nishad Dhakate
Specialty | Haematology
Registration Date | 14 Jul 2023
OPD Number | MHHCN COPP 115432

BILL Number | MHHCN-OCS-107051
BILL Date | 21 Jul 2023

Diagnosis

Diagnosis | Myelofibrosis as a result of myeloproliferative disease (9961/3)
Type of Diagnosis | Final

OP Initial Assessment

Examination

General Physical Examination

Palp present, splenomegaly, hepatomegaly.

Systematic Examination

Hepato/Gastrointestinal

History

Patient History

Diagnosed as myeloproliferative disorder JAK2 positive in November 2021 when she presented with Hb 12.9, WBC 16,400, platelets 4.12 L. She was started on Hydroxyurea and Aspirin. She has now developed progressive anemia with Hb 7.6, platelets 1.8 L, WBC 5.53.

Family History

Accompanied by son. Has 3 children and lives with husband at Satna.

Allergies

No known case of allergy

OP Advice

Prescribed Medicine

Drug Name	Dose	Route	Frequency	Duration	Administration Instruction	Quantity
TABLETS RUXOLIT INIBUKAVI 15MG		Oral	Twice a day	30		60

HCG NCHRI Cancer Centre - Nagpur

HCG NCHRI Cancer Centre Khasra
No. 50,51, Mouja Wanjri, Bande Navoz
Nagar, Near Automotive Square,
Kalmara Ring Road, Nagpur- 440026

Tel : 6350000022
Call Centre: 7406499999
CIN Number:
U74999MH2012PTC233527

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query.nagpur@hcgel.com

Page 1 of 2



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- Bueno, R, et al. Comprehensive genomic analysis of malignant pleural mesothelioma identifies recurrent mutations, gene fusions and splicing alterations. *Nature Genetics*. 2016; 48(4): 407-416.
- James C, Ugo V, Le Coedec J.P., Slack J., Duthommeau F., Lacout C, et al. (2005) A unique clonal JAK2 mutation leading to constitutive signalling causes polycythaemia vera. *Nature* 434: 1144-1148.
- Toffet, Ayalew. "Molecular drug targets in myeloproliferative neoplasms: mutant ABL1, JAK2, MPL, KIT, PDGFRA, PDGFRB and FGFR1." *Journal of cellular and molecular medicine* 13.2 (2009): 215-237.
- Sarbui, Tiziano, et al. "Survival and molecular medicine 13.2 (2009): 215-237.
- Zhang SP, et al. Detection of JAK2 V617F mutation increases the diagnosis of myeloproliferative neoplasms. *Oncology Letters* 9: 735-738, 2015.
- Rumi, Elisa, et al. "Clinical effect of driver mutations of JAK2, CALR or MPL in primary myelofibrosis." *Blood* (2014); *blood-2014*.

END OF REPORT

GENOME

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<http://www.hematology.org/>

17. Gueno, R., et al. Comprehensive genomic analysis of malignant pleural mesothelioma identifies recurrent mutations, gene fusions and splicing alterations. *Nature Genetics*, 2016, 48(4): 407-416.
18. James C., Ugo V., Le Couedic J.P., Slark J., Delhommeau F., Lacout C., et al. (2005) A unique clonal JAK2 mutation leading to constitutive signalling causes polycythaemia vera. *Nature* 434: 1144-1148.
19. Tefsen, Ayalew, "Molecular drug targets in myeloproliferative neoplasms: mutant ABL1, JAK2, MPL, KIT, PDGFRA, PDGFRB and FGFR1." *Journal of cellular and molecular medicine* 13.2 (2009): 215-237.
20. Zhang SP, et al. "Survival and disease progression in essential thrombocythemia are significantly influenced by accurate morphologic diagnosis: an international study." *Journal of Clinical Oncology* 29.23 (2011): 3179-3184.
21. Rumii, Elisa, et al. "Clinical effect of driver mutations of JAK2, CALR or MPL in primary myelofibrosis." *Blood* (2014); blood-2014-

END OF REPORT

OPD ADVICE



Patient Name | SHAKUNTALA SINGH Consultant | Dr. Nishad Dhakate
 Gender | 52 / F Speciality | Haematology
 No | MHINNC.0000024178 Registration Date | 14 Jul 2023
 Date Time | 21 Jul 2023 01:13 PM OPP Number | MHINNCOPP115432

Bill Number | MHHNC-OCS-
 107051
 Bill Date | 21 Jul 2023

Drug Name	Dose	Route	Frequency	Duration	Administration Instruction	Quantity
TABLETS VITAMIN S & MINERALS A TO Z		Oral	Once Daily	30		30
TABLETS ASPIRIN ECOSPRIN 75MG		Oral	Once Daily	60		60

Follow Up / Cross - Referral

Follow Up

Notes Followup after 1 month.

MDT Details

Is MDT Required No

Dr. Nishad Dhakate
Haematology

21 Jul 2023

Signs to watch out for and when to call emergency

In case of emergency like fever, pain, swelling, wound gaping/discharge, pus discharge, vomiting, leak from operative site and diarrhea, any other symptoms specified by consultant, visit HCG or call 6358888822

For Appointments, Reports and other Enquiries, please contact on,
7126711200

NCHRI Cancer Centre -
Nagpur

HCG NCHRI Cancer Centre Khasra
No. 50,51, Mouja Wanjri, Bande Nawaz
Nagar, Near Autonav

Tel : 6358888822

Cell: 9822140000

www.hcgoncology.com

CGNCHRI RESEARCH CENTRE ANNA UNIVERSITY	OUT-PATIENT PROGRESS NOTES <small>(To be filled by consultant / Registrar resident / duty doctor in in-patient units)</small>	Patient Name : Shakerintala Gender: M/F/I.O. _____ Ward: _____ Age: yrs UHID: Consultant Dr. Department : Surgical / Medical / Radiation / Diagnostic
CYANOSIS:	<input type="checkbox"/> Available <input type="checkbox"/> Not Available IF AVAILABLE SPECIFY THE SAME.	
ER TIME FIRST	NOTES & TREATMENT	
	<p>Δ Polyuria to rule out Progression to Myelitis</p> <p>Δ do Discharge from both breasts.</p> <p>Δ Oncosurgery ref</p> <p style="text-align: right;">D. S. Nalakoti</p>	
Date and Signature of Consultant		Date and Time of Visit



ପ୍ରକାଶକ ପତ୍ର ପରିଚୟ ଓ ଲେଖକ ମାନ୍ୟମାନଙ୍କ ବିଷୟରେ

UAP
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FINAL DNA TEST REPORT - MEDGENOME LABORATORIES

FINAL DNA TEST REPORT - NEUROLOGY		352931 / 7390153
SHANTIKA SINGH	F4Q	BMM in EDTA tube (1)
Gautam Singh	Dr. Ashish Gupta,	09-11-2021
Patna, Bihar	Laloni Neurology Hospital, Jharkhand	11-11-2021
Hospital	Santosh Singh, MBBS, DNB, MRCP(UK)	09-12-2021
Sample ID : NIGM11552 - [N014-CP]	Sample Date : 09-12-2021	
Age of patient : 45 years	Gender : NA	
Relationship to patient : Spouse	Specimen Type : BMM	
Address : 123 Main Street, Patna, Bihar, India	Test Requested : BMM	
Phone Number : +91 9876543210	Test Result : NA	
Sample Received : 09-12-2021		

REQUISITION FORM See page 10 for the requisition steps provided along with the test requisition form.

Note: This is to inform you that an interim report was dispatched on 05-12-2021 as the exon 9 of CALR gene and exon 10 of NFE2L2 gene had been at bimorphous QC. This is the final report after updating the CALR and NFE2L2 gene status after reprocessing.

The coding regions of *LAK2* (exon 12 and 14), *C4LRF* (exon 9) and *MFL* (exon 10) genes were sequenced by Next Generational Sequencing on the Illumina sequencing platform at >1500X mean depth. These regions are 100% covered in this assay.

TABLE 1: ALTERATIONS WITH STRONG CLINICAL PROGNOSTIC AND THERAPEUTIC SIGNIFICANCE IN PATIENT'S TUMOR TYPE

JAK2	c.1849G>T (ENST0000038165 2.3)	p.Val171Phe I/ Exon 14	55SX / 8.1%	Oncogenic	Diagnostic marker in MPN subtypes. It is observed in 90% of patients with PV and in nearly 50% of patients with ET or PMP.
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TABLE 2: VARIANTS OF UNKNOWN SIGNIFICANCE

Gone
GDS नामकीन समिति

None

VARIANT DESCRIPTION AND CLINICAL SIGNIFICANCE**JAK2 (p.Val617Phe) (Table 1):**

Janus kinase 2 (JAK2) is a tyrosine kinase that belongs to the Janus family of kinases. Other members of the Janus family include JAK1, JAK3 and TYK2. Alterations in JAK1, JAK2, JAK3 and TYK2 signalling contribute to different disease states, and dysregulated JAK-STAT signalling is associated with hematological malignancies, autoimmune disorders and immune-deficient conditions.

A missense variation (chr9:g.5073770G>T; c.1840G>T) that leads to a change in amino acid at codon 617 (p.Val617Phe) was detected in the JAK2 gene of this subject. It is a gain of function mutation. The reported ExAC MAF for this variant is 0.067%, while this variant has not been reported in 1000 genomes database.

The JAK2 V617F mutation is used to diagnose or confirm the diagnosis of Polycythaemia Vera (PV), Essential Thrombocythaemia (ET) or Primary Myelofibrosis (PMF). It is found in 90% of patients with PV and in nearly 50% of patients with ET or PMF [17-19]. In a study conducted on 130 patients with various types of hematological disorders, the JAK2 V617F mutation rate in PV was 82.1% (23/28), while in ET, PMF and other MPNs, it was 53.1% (17/32), 40% (4/10) and 60% (6/10), respectively [20].

The acquired JAK2 V617F mutation, renders the kinase constitutively active and thus results in proliferation [17]. In another study on 617 PMF patients, JAK2 V617F mutation was identified in 64.7% (399/617) of patients. In the same study, it was also observed that the 10-years cumulative incidence of leukemic transformation was 19.4% (CI 95% 13.9-25.6) in JAK2-mutant patients. The CALR-mutant patients maintained a better overall survival as compared with JAK2-mutant ($P=0.019$) patients [21]. Kindly correlate clinically.

ADDITIONAL FINDINGS: VARIANT(S) OF UNKNOWN SIGNIFICANCE (US) DETECTED

No other variant that warrants to be reported was detected.

RECOMMENDATIONS

Correlation of the genetic findings with the clinical condition of the patient is required to arrive at accurate diagnosis, prognosis or for therapeutic decisions.

DISCLAIMER

- The classification of variants of unknown significance can change over time. Please contact MedGenome at a later date for any change.
- Intronic variants are not assessed using this method.
- Copy number variations / rearrangements cannot be assessed using this method.
- This panel is intended to screen for HOTSPOT mutations only.
- This NGS test used does not allow definitive differentiation between germline and somatic variants.
- TREATMENT DECISIONS BASED ON THESE MUTATIONS MAY BE TAKEN IN CORRELATION WITH OTHER CLINICAL AND PATHOLOGICAL INFORMATION.
- As per the inhouse validation of this assay, the limit of detection of the assay for SNVs and Indels is 1%.



G. Sugavathi Kausalya, Ph.D
Lead Genome Analyst
Ravi Gupta, Ph.D
BIOSTATISTICAL ANALYST
Dr Shrujan P.S., M.D. Pathology
Senior Hematopathologist
KMC Reg No.-78159

TEST METHODOLOGY

Library Preparation, Targeted Enrichment and Sequencing: This hotspot panel in investigation, has been designed to screen for somatic hotspot mutations in *JAK2*, *CALR* and *MPL* genes associated with proproliferation and predictive value in Myeloproliferative Neoplasms (MPN). Targeted sequencing represents a cost-effective approach with the ability to detect specific variants causing protein-coding changes in individual human genomes. These multi-gene, affordable tests will enable personalized treatment by matching the patient's tumor with the appropriate drug, based on the mutational findings. The panel is designed on targeted sequencing of multiple genes for the coding regions through NGS. Genomic DNA was used to perform targeted gene capture using a custom capture kit. The libraries were sequenced to mean >150X coverage on Illumina sequencing platform.

NGS data analysis, Databases and *In-silico* Prediction Softwares: The sequences obtained were aligned to human reference genome (GRCh37/hg19) using BWA program [2, 3]. Somatic mutations were identified using LoFreq (version 2) variant caller [4, 5]. Only non-synonymous and splice site variants found in the coding regions were used for clinical interpretation. The mutations were annotated using our in-house annotation pipeline (VariMAT). Gene annotation of the variants was performed using VeoVar program [6] against the Ensembl release 90 human gene Model [7]. Clinically relevant mutations were annotated using published literature, databases and in-house propriety databases. The common variants were filtered for reporting based on the presence in various population databases (1000G, ExAC, EVS, 1000Japanese, dbSNP, UK10K, MedVarDB (in-house database) [8-13]. Reportable mutations are prioritized and prepared based on AML, ASCO-CAP, WHO, ASH guidelines [1, 14, 15] and also based on annotation makes from OncoMD [16]. MedGenome's curated somatic database which includes somatic mutations from TCGA.

The transcript used for clinical reporting generally represents the canonical transcript (according to Ensembl release 91 human gene model), which is usually the longest coding transcript with strong/multiple supporting evidence. However, clinically relevant variants annotated in alternate complete coding transcripts could also be reported.

Variants annotated on incomplete and nonsense mediated decay transcripts will not be reported.

*This test was developed, and its performance characteristics determined by MedGenome®.

The coverage stats for the genes are given below for this sample

GENE	EXON NUMBER	Coverage (%)
1	JAK2	Ex 12, Ex 14 (W517F)
2	CALR	Ex 9
3	MPL	Ex 10 (W515X)
		100

Genetic test results are reported based on the somatic variant classification recommendations of College of American Pathologists/American Society for Clinical Oncology/Association of Molecular Pathologists [13] as described in the table below:

Tier I: Variants of Strong Clinical Significance	<ul style="list-style-type: none"> Level A, biomarkers that predict response or resistance to therapies approved by FDA, or specific type of tumor or diagnostic, and/or prognostic biomarkers for specific types of tumors; Level B, biomarkers that predict response or resistance to a therapy based on well-powered studies with consensus from experts in the field, or have diagnostic and/or prognostic significance of certain diseases based on well-powered studies with expert consensus;
Tier II: Variants of Potential Clinical Significance	<ul style="list-style-type: none"> Level C, biomarkers that predict response or resistance to therapies approved by FDA, or criteria for clinical trials, or have diagnostic and/or prognostic significance based on the results of multiple small studies; Level D, biomarkers that show plausible therapeutic significance based on preclinical studies or may assist disease diagnosis and/or prognosis themselves or along with other biomarkers based on small studies or multiple case reports with no consensus.



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- Li H. and Durbin R. Fast and accurate short read alignment with Burrows-Wheeler transform. *Bioinformatics.* 2009; 25(14): 1754-1760.
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- Lek M. et al. Analysis of Protein-Coding Genetic Variation in 60,700 Humans. *Nature.* 2016; 530(7616): 285-291.
- Nagasaki M. et al. Rare Variant Discovery by Deep Whole-Genome Sequencing of 1,070 Japanese Individuals. *Nature Commun.* 2015; 6: 8010.
- Manayiati, A. et al. The UK Adult Twin Registry (TwinsUK Resource). *Twin Research and Human Genetics.* 16.1 (2013):144-9.
- dbSNP: <http://www.ncbi.nlm.nih.gov/SNP/>
- WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues; Revised 4th Edition, Volume 2; Swerdlow SH, Campo E, Harris NL, Jaffe ES, Pileri SA, Stein H, Thiele J.

DIAGNOSTIC REPORT

EASTERN REGIONAL LABORATORY

SRB
Diagnostics

CLIENT CODE : C000030245

CLIENT'S NAME AND ADDRESS¹:SQUAD DIAGNOSTIC RESEARCH CENTRE,
NEAR SRI MAIN ROAD, CIVIL UNITS, HOTEL RISHI RESIDENCE,

JASPUR, 482001

HODIKAHADESH, INDIA

0164-412121 761-2827995

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Number: 400022
ANURODHITA, INDIA
Tel: 9111591115, Fax: 022-67001212
CIN - UJ4890011995RCC000603

PATIENT NAME: SARUNTALA SINGH

ACCESSION NO.: 0002UJD41890

AGE: 50 Years SEX: Female

DRAWN: 01-01-2001 00:00 RECEIVED: 13-10-2021 16:13 REPORTED: 18-10-2021 10:53

REFERING DOCTOR: DR. SHARQAD N DESHNURK

PATIENT ID: SAKUF1310712

Test Report Status	Email	Results	Patient ID:
		NOT DETECTED	SAKUF1310712

JAK2 V617F MUTATION DETECTION NOT DETECTED REQUESTEDInterpretation(s)
JAK2 V617F MUTATION DETECTION.

Clinical Utility:

JAK2 V617F mutation has been described in 65% to 97% of polycythemia vera patients, 22% to 27% of essential thrombocythemia specimens, and 35% to 37% of

myelofibrosis patients, and 10% of chronic myeloid leukaemia patients.

It is a confirmatory test for diagnosis of PV, ET, or CM.

It helps distinguish PV from secondary erythrocytosis.

It helps distinguish ET from reactive thrombocythaemia.

It also helps in distinguishing PV from ET as it is a specific marker.

Patients with JAK2 mutations may benefit from novel therapeutic strategies that target and inhibit JAK2 tyrosine kinase activity.

Noted:

Real Time PCR.

Interpretation:
For every patient tested by Real Time PCR we detect the presence of the mutant JAK2 allele and presence of wild type allele above
threshold that the sample is negative for JAK2 mutation.

Limitations:

PCR is a highly sensitive technique. Common errors by laboratory include faulty specimen collection, selection of inappropriate specimens and incorrect reagent concentrations. The reference of JAK2 V617F mutation or the positivity of diagnosis of PV, ET or CM.

A negative result does not rule out the presence of the JAK2 V617F mutation.

The mutation must exist within the glycoprotein population to be detected.

Note: This test is downloaded and validated at SRL Ltd, Mumbai. Due to limited population specific data, currently this test is meant for research use only.

- Reference:
1. Arch Pathol Lab Med. May 2005; Vol 130, pg 597-600
2. Blood. 2002; Vol 100, No. 1, pg 1316-1321.

End Of Report

Please visit www.srlworld.com for related Test Information for this accession

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Patient Ref. No. 2000010015376

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ANALYST : COORIUSAG
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PATIENT NAME : SAKUNTALA SINGH

PATIENT ID : SAKUF1310712

ACCESSION NO : 000200041890 AGE : 50 Years SEX: Female
DRAWN : 01-10-2021 09:00 RECEIVED : 13-10-2021 16:13 REPORTED : 10-10-2021 18:53
REFERRING DOCTOR : DR. SHARAD N DESHMUKH

CLIENT/PATIENT ID :

Test Report Status Final Results Units

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