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<u>Lubbock Laboratory</u>: 410 North Utica Avenue, Lubbock, Texas 79416 806-687-7284; toll free 866-987-7284; fax 806-687-7255; CLIA# 45D 1015603

Fluorescence	In-Situ H	vbridization	(FISH)	UroV	vsion®
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Patient: Offord, Ricky Accession #: UV15-000846

SSN: Patient ID: 142539 Date Collected: 4/28/2015

DOB: 6/16/1957 Age: 57 Sex: M Date Received: 4/30/2015

Physician(s): Zamzow, Brent; 1718 Parr Ave., Ste. A, Dyersburg, TN 38024 Date Reported:

CLINICAL HISTORY: ICD9(s): 599.70 : Hematuria NOS.

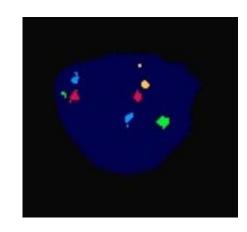
### **DIAGNOSTIC INFORMATION - FINAL**

# No chromosomally abnormal cells present (Limited sample; See Diagnostic Summary).

## Diagnostic Summary:

Limited Sample: Zero cells showed gains for multiple chromosomes and zero cells showed homozygous loss of 9p21. Only 1 cell was present; however, and a minimum of 25 cells is required for informative testing as per the UroVysion package insert. These results should be interpreted with caution. Correlation with the degree of clinical suspicion and appropriate follow-up, including recollection for repeat testing if indicated, is recommended.

#### **PHOTOMICROGRAPH**



#### **GROSS DESCRIPTION**

Received 40 ml of yellow, clear voided urine.

## **TEST COMPLETED**

Urine specimens are prepared using the UroCyte selective cellular enhancement concentration technique, and analyzed for the enumeration of chromosomes 3, 7, 17, and 9p21 by fluorescence in situ hybridization (FISH), using the FDA approved UroVysion Bladder Cancer assay. Typically, a minimum of 25 morphologically abnormal cells are analyzed. Cells showing either a gain of multiple chromosomes (i.e. 3 or more signals) for more than one of the CEP 3 red, CEP 7 green, and CEP 17 aqua probes or homozygous loss of 9p21 (LSI 9p21 gold) are recorded. Analysis is continued until >/= 4 cells with gains of multiple chromosomes or >/= 12 cells with homozygous loss of 9p21 are detected, or until the entire sample slide is analyzed.

UroVysion has ~ 75%-85% sensitivity and ~ 95% specificity for detection of urothelial carcinoma (UC) in patients with a history of UC.

## **TEST REFERENCES**

Sokolova 1A, Halling KC, Jenkins RB et al. The development of a multi-target multi-color fluorescence in situ hybridization assay for the detection of urothelial carcinoma in urine. J Mol Diagn 2000: 2(3): 116-123

Halling KC, King W, Sokolova IA, et al. A comparison of cytology and fluorescence in situ hybridization for the detection of urothelial carcinoma. J Urol. 2000: 1768-1775

Burbendorf L, Grilli B, et al. Multiprobe FISH for enhanced detection fo bladder cancer in voided urine specimens and bladder washings. Am J Clin. Pathol 2001: 116(1): 79-86

CPT Code(s): 88120-G

SIGNATURE

(Report is not signed)