ISO 9001 : 2008 CERTIFIED LAB

KOS Diagnostic Lab
(A Unit of KOS Healthcare)

KOS™
EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME:	**Mr. PURSHOTAM KUMAR**	Accession No.:	113041
Age/Gender:	59 Y/Male	Specimen ID:	MO2400649
Lab NO:	012411300010	Specimen:	Whole Blood EDTA
Referred BY:	Self	Collected:	30/Nov/2024 01:46PM
Remark:		Registered:	30/Nov/2024 01:46PM
		Reported:	02/Dec/2024 04:40PM

MOLECULAR ONCOLOGY REPORT

BCR/ABL PCR Quantitative

METHOD:

Quantitative RT-PCR assay was performed to detect BCR-ABL1 (translocation t (9;22)(q34;q11) using specific primers & probes.

RESULTS:

BCR-ABL (p210) (M-bcr Transcript)

Quantitative Result	Value
BCR/ABL1 copy number (p210)	1376
ABL1 copy number	305588
BCR-ABL1/ABL1 Transcript Ratio (%)	0.450
International Scale conversion factor (CF)	0.733
International Scale normalized copy number (%)	0.330

Log reduction relative to previous sample: Not applicable (no previous sample received in the lab).

INTERPRETATION:

The patient is **Positive** for the BCR-ABL (M-bcr transcript) variant p210 of translocation (9;22) (q34;q11) in the sample received.

COMMENTS:

Please Note: Although this test is performed at an accredited lab and all precautions are taken during molecular genetic tests, the currently available data indicate that the technical error rate for all types of molecular DNA analysis is approximately 2%. It is important that all clinicians or persons requesting Molecular Genetic diagnostic tests are aware of these data before acting upon the results.Extracted cellular RNA was run in a reverse-transcription real-time polymerase chain reaction (RT-PCR) to measure the quantity of BCR/ABL1 fusion transcripts. Amplification of endogenous ABL1 is assessed as a reference for relative quantification and RNA quality. Standard curves were generated for all individual fusion transcripts as well as ABL1, and the reported value is derived by comparing the amount of BCR/ABL1 mRNA normalized to ABL1 and is reported as a percentage. This test may be used to monitor the efficacy of therapy and is not recommended as a sole primary diagnostic test for CML or ALL. The trend of these results over time is more informative of disease status than an individual result. Poor RNA preservation may affect the sensitivity of the assay. Rare primer-site polymorphisms may affect the sensitivity of the assay. It is important that all clinicians or persons requesting Molecular Tests are aware of this limitation before acting upon the results.

*** End Of Report ***

Dr S. Kumar
MBBS, MD
Consultant Pathologist

Dr. Ranjan Gupta
PhD
Asst. Lab Director

This Sample was outsourced