MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Molecular Diagnostics

SIN No:SP0709767

ALL Molecular Profile

TEST REQUESTED

ALL Molecular Profile
t(1;19)/t(4;11)/t(9;11)/t(9;22)/t(11;19)/t(12;21)

METHOD USED

Real Time PCR

RESULT

Test	Variant	Results
t(1;19) (q23;p13)	TCF3-PBX1 (E2A-PBX1)	Not Detected
t(4;11) (q21;q23)	MLL-AF4	Not Detected
t(9;11) (p21;q23)	MLL-AF9	Not Detected
t(9;22)	BCR-ABL1 (Major)	Not Detected
t(9;22)	BCR-ABL1 (Minor)	Not Detected
t(9;22)	BCR-ABL1 (Micro)	Not Detected
t(11;19) (q23;p13.3)	MLL-ENL	Not Detected
t(12;21) (p13;q22)	ETV6-RUNX1 (TEL-AML1)	Not Detected

NOTE

1. This is an in-house developed assay.
2. All results should be interpreted in context of clinical findings.
3. Sensitivity of the assay (LOD) is 0.01% when copies of ABL detected is 100,000 copies/PCR for all translocations.
4. Indeterminate / Not detected result does not rule out the presence of mutation as it may be below the detection limits of the assay.
5. Test conducted on Whole blood / Bone Marrow.
6. Presence of PCR inhibitors if any, might lead to amplification failure.

COMMENTS

Risk Category	Genetic Abnormality
Good Risk	t(12;21)(p13;q22): ETV6-RUNX1

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :1104 - Max Smart- M S S S H, Max Smart- M S S S H
The authenticity of the report can be verified by scanning the Q R Code on top of the page

MC-2714

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Poor/Adverse	t(9;22)(q34;q11.2): BCR-ABL1 (defined as high risk in the pre-TKI era) KMT2A rearranged (t[4;11] or others)

ALL is a heterogeneous hematologic disease characterized by the proliferation of immature lymphoid cells in the bone marrow, peripheral blood, and other organs. The NCCN Guidelines focus on the classification of ALL subtypes based on immunophenotype and cytogenetic/molecular markers. As per NCCN Guidelines version 1.2022, B-cell lymphoblastic leukemia/lymphoma with recurrent genetic abnormalities includes hyperdiploidy, hypodiploidy, and commonly occurring translocations: t(9;22)(q34.1;q11.2)[BCR-ABL1]; t(v;11q23.3)[KMT2A rearranged]; t(12;21)(p13.2;q22.1)[ETV6-RUNX1]; t(1;19)(q23;p13.3)[TCF3-PBX1]; t(5;14)(q31.1;q32.3)[IL3- IGH]; Ph–like and B-lymphoblastic leukemia/lymphoma with iAMP21.

USAGE

1. The accurate classification and risk stratification of ALL requires multidisciplinary diagnostic studies including morphology, immunophenotyping (immunohistochemistry and flow cytometry), and molecular genetics analysis.
2. To Assess residual disease after treatment.

Kindly correlate with clinical findings

***** End Of Report *****

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