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:B2B2524574

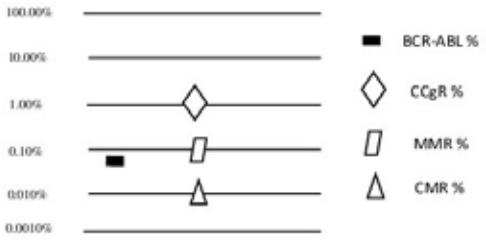
BCR-ABL Quantitative IS RQ, Real Time PCR*,

Real Time PCR

RESULTS	
Type of Transcript	**Result % Ratio (IS-NCN)**
P210 (b3a2, b2a2) major transcript	**0.007**
P190 (e1a2) minor transcript	**Not Detected**
P230 (c3a2) micro transcript	**Not Detected**
major transcript copy number	17
minor transcript copy number	0
micro transcript copy number	0
ABL copy number	161608

Note: IS-NCN is calculated using following formula:

$$\text{IS-NCN} = \frac{\text{NCN sample x IS-cal Value}}{\text{NCN cal}} \times 100$$



* IS-NCN= International Scale normalized copy number,
* NCN= Normalized copy number,
*NCN cal = International scale Calibrator value
*NCN cal =Normalized copy number of calibrator.

COMMENTS:

*The hybrid transcript of BCR-ABL was quantitated using Real-Time PCR assay.

*The report uses International Scale (IS) conversion factor to report BCR-ABL level.

*This assigned value is derived directly from a calibration against the NIBSC WHO certified primary reference material (International Genetic Reference panel for the quantitation of BCR-ABL translocation by RQ PCR (1st I.S.).

*BCR-ABL is a fusion gene whose quantitative detection is done in bone marrow or peripheral blood sample. BCR-ABL is an activated protein kinase resulting from translocation of long arms of chromosome 9 & chromosome 22 which is also known as Philadelphia chromosome. Philadelphia chromosome is found in both cases, Chronic Myeloid Leukaemia and Acute Lymphoid Leukaemia.

*The BCR-ABL gene translocation or(t(9:22) is found in more than 95% CML patients, 5% of paediatric ALL-B CALLA positive and 15- 30% of adult ALL-B CALLA positive patients. This genetic aberration is balanced reciprocal translocation between ABL gene on chromosome 9 and BCR gene on chromosome 22. This test is performed for the quantitative detection and differentiation of BCR-ABL fusion gene transcripts, Major, minor and micro in bone marrow or peripheral blood samples of ALL or CML using Real Time PCR. Follow-up is recommended, if clinically indicated. A repeat testing after 6 months is additionally recommended

- False negative result may be due to PCR-interfering substances and inter-reaction variation in quality and quantity of PCR reagents or thermal cycling efficiency.
- Another potential source of inconsistency is variation in the efficiency of m RNA-to-c DNA conversion during reverse transcription (RT).
- Blood specific inhibitors of RT may be present within RNA extracted from whole blood, including heme, IgG, leukocyte genomic DNA, heparin.

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :4089 - Max Lab Mehrauli, Shop No-3 Prop No-29/3-A/1 Ward No-1 Mehrauli
The authenticity of the report can be verified by scanning the Q R Code on top of the page

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- Reticulocytes contribute an abundance of interfering α- and β-globin m RNA that may compete with lowly expressed transcripts, such as BCR-ABL1 for reagents within RT reaction.
- The test has been performed with one positive and negative control.

Kindly correlate with clinical findings

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

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