



### 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



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

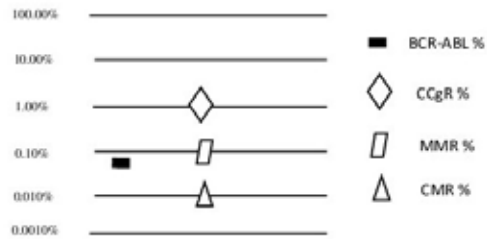
##### RESULTS

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:

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

- \* 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  $\alpha$ - and  $\beta$ -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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**Conditions of Reporting:** 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.