MAX Lab

Laboratory Investigation Report

Patient Name	: Mrs. Neeraj Pasricha	Centre	: 910 - Max Hospital - Saket M S S H
Age/Gender	: 57 Y 8 M 12 D /F	OP/IP No/UHID	: IP/235368/3220D/
MaxID/Lab ID	: SKDD.973461/0628042323700	Collection Date/Time	: 29/Apr/2023 01:20AM
Ref Doctor	: Dr.Puneet Agarwal	Reporting Date/Time	: 01/May/2023 05:31PM

SIN No:MS0804675

Molecular Diagnostics

Myeloproliferative Neoplasia Profile(MPN) with BCR

Test Name	Result	Unit	Bio Ref Interval
MPN Reflex Panel			
Jak2 V617F	Not Detected		
Jak2 Exon 12	Not Detected		
CALR	Not Detected		
MPL	Not Detected		

NOTE

1. This is an in-house developed assay.
2. Indeterminate / Not detected result does not rule out the presence of mutation as it may be below the detection limits of the assay
3. This assay detects JAK2 only V617F mutation (LOD 2%), insertions and deletions in exon 12 of JAK2 gene (LOD 10%), frameshift mutations in exon 9 of the calreticulin (CALr) gene (LOD 10%) and W515L, W515K, W515A, and S505N mutations in exon 10 of *MPL* gene (LOD 10%).
4. Test conducted on Whole blood / Bone Marrow.

COMMENTS

Myeloproliferative neoplasms (MPNs) are a group of rare blood cancers in which excess red blood cells, white blood cells or platelets are produced in the bone marrow. MPNs are characterised by somatic recurrent mutations and are included as the main criteria in the 2008 WHO classification. JAK2 V617F mutations account for the majority of patients with Polycythemia Vera (PV) (more than 90%) and 60% of patients with Essential Thrombocythemia (ET) or Myelofibrosis (MF). Several somatic mutations of JAK2 exon 12 can be found in a myeloproliferative disorder that is mainly characterized by erythrocytosis.
Abnormalities (deletions/duplications/substitutions) located in exon 12 of JAK2 are detected exclusively in 2%–4% of PV (ESMO Guidelines, 2015). The vast majority of patients with PV harbor a mutation in JAK2, with JAK2 V617F seen in around 97% and mutations in JAK2 exon 12 found in remainder. Frameshift mutations in exon 9 of the calreticulin gene (CALR) are reported in approximately 20% to 35% of all patients with Essential Thrombocythemia (ET) and Myelofibrosis (MF) (accounting for approximately 60%–80% of patients with JAK2/MPL-negative ET and MF)

USAGE

1. This is a qualitative assay for patients.
2. The diagnosis of MPN is based on the 2017 WHO Criteria and requires a combination of clinical, laboratory, cytogenetic, and molecular tests.

Kindly correlate with clinical findings

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

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017, 9090909090
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MC-2714

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Test Name	Result	Unit	Bio Ref Interval

Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology

Dr Atul Thatai, Ph.D
Director
Molecular and Cyto Genomics

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