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FLOW CYTOMETRY REPORT – PNH EVALUATION

SAMPLE REPORT

Name: **PNH, Positive** Pathology Number: **F-07-20349**
 DOB: 7/31/1973 Sex: M MR #: 123456789 Date of Procedure: 6/15/2007
 Facility: Ordering Facility Date of Accession: 6/15/2007
 Dept: Outpatient

Physician: Ordering Provider, M.D. Copies to: Other providers/clinicians
 Ordering Facility
 Street Name
 City, State Zip code
 (999) 123-4567

TISSUE/SPECIMEN: Peripheral Blood in Heparin

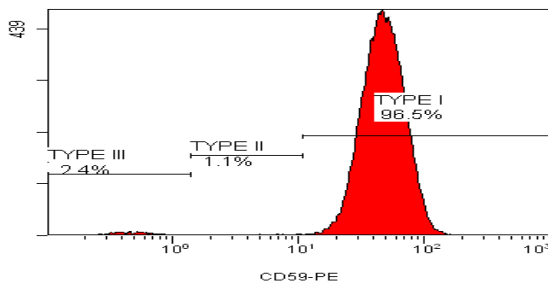
DIAGNOSIS: PNH CLONE IDENTIFIED IN WBC AND RBC

Comment: Flow cytometric analysis shows a PNH clone within the granulocytes (23.3%), monocytes (19%) and RBC (2.4%). Compared to previous studies on this patient, the PNH clone size has increased. These findings are consistent with a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH). Any potential difference in clone size between the white blood cells and the red blood cells may be due to hemolysis and/or recent transfusion.

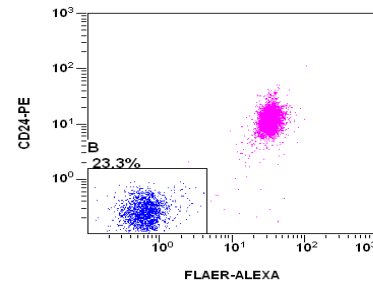
Reference: Richards et al: Diagnosis and Management of PNH, Blood 2005, 106 (12)

Flow Results: Immunophenotypic analysis was performed using gating antibodies CD45, CD15, CD33, CD64, GPI-linked antibodies CD59, CD14, CD24, as well as fluorescent Aerolysin (FLAER).

Cell Type	Deficiency	5-6-09	3-4-09	12-17-08	Sept 08
RBC	Type III (complete CD59 deficiency)	2.4%	1.8%	1.6%	0.8%
WBC - Monocytes	FLAER/CD14 Deficiency	19.0%	13.2%	7.3%	2.7%
WBC - Granulocytes	FLAER/CD24 Deficiency	23.3%	14.2%	7.6%	3.8%



Type III PNH clone in RBC's



PNH clone (blue) in Granulocytes

The markers used for this flow cytometric analysis are labeled as Analyte Specific Reagents (ASR) and are used for clinical purposes. The performance characteristics of these markers have been determined by DCDS-Flow Cytometry Laboratory. Their use has not been approved by the U.S. Food and Drug Administration; the FDA has determined that such approval is not necessary.

Electronic Signature
 Pathologist/Technologist
 Date

