

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. Ordering Facility Street Name City, State Zip code (999) 123-4567	Copies to:	Other providers/clinicians
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TISSUE/SPECIMEN: Peripheral Blood in Heparin

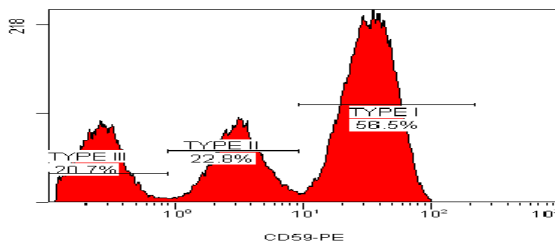
DIAGNOSIS: PNH CLONE IDENTIFIED IN WBC AND RBC

Comment: Flow cytometric analysis shows a major PNH clone within the granulocytes (92.4%), monocytes (91.8%) and RBC (43.5%). 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.

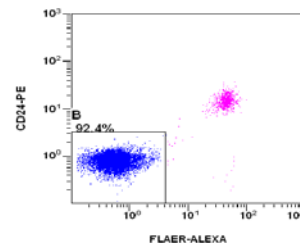
Reference: Richards et al: Diagnosis and Management of PNH, Blood 2005, 106 (12)

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	Result
RBC	Type II (partial CD59 deficiency)	22.8%
	Type III (complete CD59 deficiency)	20.7%
	Total RBC PNH Clone size (Type II and Type III)	43.5%
WBC- Monocytes	FLAER/CD14 Deficiency	91.8%
WBC- Granulocytes	FLAER/CD24 Deficiency	92.4%



Type III and Type II 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

