

## REPORT

|                    |                                                         |                   |                        |
|--------------------|---------------------------------------------------------|-------------------|------------------------|
| Patient Name       | : Mr. MANTU HAZARIKA                                    | Peg. No.          | : 00252301230081       |
| Age and Sex        | : 43 Yrs / Male                                         | PCC Code          | : PCL-AS-006           |
| Referring Doctor   | : Dr. G M C H                                           | Sample Drawn Date | : 23-Jan-2023 10:14 AM |
| Referring Customer | : SARMA LAB                                             | Registration Date | : 24-Jan-2023 01:56 PM |
| Vial ID            | : M3002747                                              | Report Date       | : 01-Feb-2023 08:03 PM |
| Sample Type        | : WB-EDTA                                               | Report Status     | : Final Report         |
| Client Address     | : Bhangagarch, Gmch Road, Nanak Nagar, Assam, Guwahati- |                   |                        |

### MOLECULAR BIOLOGY

| Test Name | Obtained Value | Units | Blo. Ref. Intervals<br>(Age/Gender specific) | Method |
|-----------|----------------|-------|----------------------------------------------|--------|
|-----------|----------------|-------|----------------------------------------------|--------|

#### BCR - ABL Gene Rearrangement - Quantitative

##### BCR ABL RT-PCR-INTERNATIONAL SCALE

|                              |           |
|------------------------------|-----------|
| Observed copies of ABL1      | 118574.00 |
| Observed copies of BCR-ABL1  | 25600.00  |
| BCR-ABL1/ABL1 Ratio          | 0.21      |
| BCR-ABL1/ABL1 % Ratio        | 21.58     |
| Conversion factor for IS     | 0.70      |
| BCR-ABL1/ABL1 IS % Ratio     | 15.17     |
| Log10 BCR-ABL1/ABL1 IS Ratio | 1.18      |
| TRANSCRIPT DETECTED          | P210      |

##### Suggested clinical correlation.

##### Methodology:

Reverse transcription real-time PCR is performed for the BCR-ABL1 fusion transcript with normalization of transcript levels to the ABL1 transcript.

##### Comments:

**Calculations:** This report uses the international Scale (IS) to report BCR-ABL transcript levels.

- Minimum amplification of ABL control gene must be 10,000 copies /RT for reporting.
- Percentage ratio between quantities of BCR-ABL and the ABL transcript is generated.
- Results are normalized to the IS scale by multiplying the IS conversion factor.
- IS conversion factor is established with the aid of certified reference material calibrated to the First WHO International Genetic Reference Panel for quantification of BCR-ABL1 translocation by RT-PCR.

**Clinical Significance:** The percentage reading on the IS is interpreted as follows

- <1% correlates with the level of complete cytogenetic response (CCgR).
- <0.1% equivalent to major molecular response (MMR), which is therapeutic target in CML
- <0.01% (log 4 reduction) OR <0.0032% (log 4.5 reduction) is equivalent to deep molecular response(MR).
- It is recommended that RT PCR must be performed every three months at least until MMR has been achieved, following which it can be repeated.

Correlate Clinically.

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



*B. Parvathi Devi*  
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**MD MICROBIOLOGY, DCP PATHOLOGY**



# GAUHATI MEDICAL COLLEGE & HOSPITAL

92

Bhangagarh, Guwahati - 781 032

Registration Fees Rs. 10.00

OUT-PATIENT DEPARTMENT (M. R. D.)

22789/23

ADVISEMENT

343/22

09/02/2023

Hospital No.

Name

Age

Name of Father/Husband/Guardian's

Village/Town

Local Address

Victim of

MANTU HAZARIKA

43Y0M0D

S. & U. :

M

Sex

BISWAJIT HAZARIKA

Deptt. Regd. No.

Date

Caste

P.O./T.O.

District

State

Occupation

General

TEOK

TEOK

Jorhat

ASSAM

Hinduism

Religion

User ID : Bunuma Chandrai, Patient Type : General

Dr. Jina Bhattacharyya, Prof & Head

Dr. Smita Das, Associate Professor

Dr. Damodar Das, Assistant Professor

CML Clinic

Thursday

CML

Adv

BMA

Cytology

Karyotyping

Dx

Tx

Imatinib 400mg

1 to one daily x Cont.

fu = CBC after 7 days on Thursday

BS  
9/2/23

13/2/23

CML-cl on T. Imatinib

Port BM every - hairy purple bleeding through BM site.

Similar 40. malene 1yr back

Patient already given 1gm Tranexa.

Inj boluophan, Inj. vit K.

Adv - Admit d hemat

Dr.

2/3/23.

Δ CNL - CP. (JOKAL  
Dose 0.9 print)  
inclusion risk.

BCR-ABL Quantitative

P210 deletion

BCR-ABL/ABL %  $\rightarrow 21.58\%$

- BCR  $\rightarrow$  CNL CP.

BMIBx - ~~CTL~~ Chronic  
myeloproliferative  
disorder.

Karyo  $\rightarrow$  46xy t(9;22)  
(q34;q11.2) [20]

JOKAL dose: 0.9 print (inclusion)  
ELIS dose: 1.465 low risk.

AB PCR. (Quantitative) assay after

3 months

Dr. Anam.

P/A  $\rightarrow$  Imatinib 400 mg P.O OD.

(90+)

EP 2/3/23

(1) Tab Imatinib 400 mg P.O OD.

(2) Tab Folic 5 mg P.O OD.

(3) Adm'g - Review with - CBC

BCR-ABL