**Hematologics, Inc.**
113 First Ave. North
Seattle, WA 98109
(206) 223-2700 or (800) 860-0934
Fax (206) 223-5550
www.hematologics.com

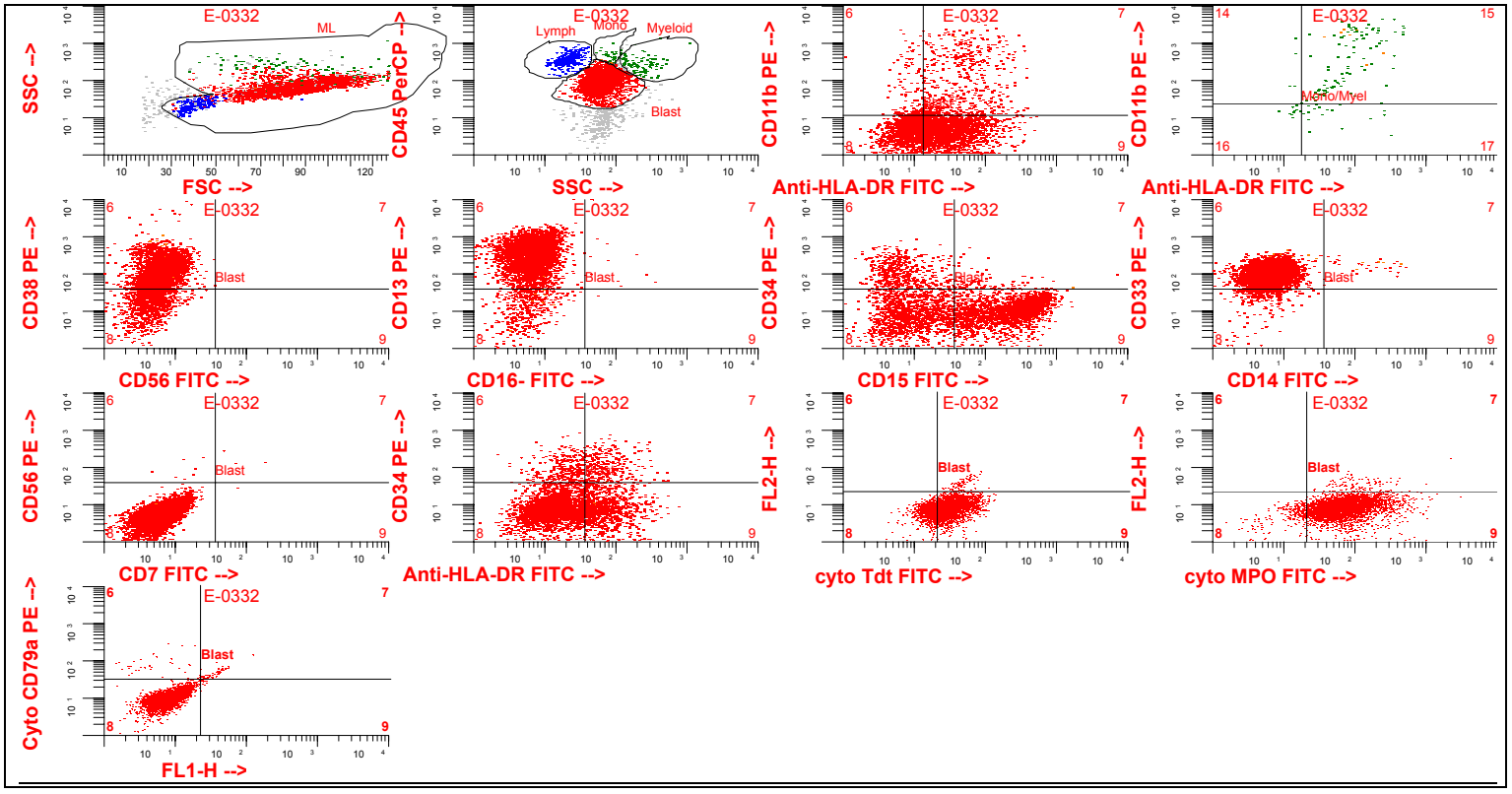
HLID#: E-0332 PATIENT NAME:
PATIENT ID#: DOB : SEX: M
UPIN: ORDERING PHYSICIAN:
SPECIMEN TYPE: Bone Marrow Aspirate
COLLECTION DATE: 2/24/2004 09:00 Am RECEIPT DATE: 2/24/2004 12:10 Pm
REPORT DATE: 2/24/2004 ICD-9: UNITS:
CLINIC ID#:
ACCOUNT:

**Specimen:** Bone marrow aspirate
**Clinical History/Indications:** A 36 year old male with a clinical history of bone marrow destruction, rule out acute myeloid leukemia.

**Flow Cytometric SSC/CD45 Differential:** 6.0% lymphocytes, 1.6% monocytes, 1.9% myeloid cells, and 87% blasts.
**Immunophenotypic Findings:** The blast population is predominantly negative for HLA-DR. Independent immunophenotypic analysis of the blast population confirms a myeloid origin with cell surface antigen expression of CD38, CD13, CD33, heterogeneous CD15, myeloperoxidase, and dim TdT, but lacking CD11b, CD14, CD16, and all lymphoid markers tested. CD34 is expressed on 17% of the abnormal cell population. There is a mild increase in right angle light scatter detected on these cells.
**Analysis/Conclusions:** The above findings reveal an aberrant myeloblast population involving the bone marrow aspirate. Histopathologic, cytogenetic, and clinical data are required for conventional FAB classification.

Comment: The lack of expression of HLA-DR is often associated with FAB-M3 subclassification, and the blasts detected in this specimen have somewhat increased granules as evidenced by right angle light scatter. However, a subset of blasts express CD34 in this specimen which is usually not observed in cases of FAB-M3. Acute promyelocytic leukemia is confirmed by cytogenetics including t(15;17) studies which are pending and will be reported as an addendum.

DW/MRL




Michael R. Loken, Ph.D., HCLD
Laboratory Director

Denise A. Wells, MD
Medical Director

*This test was developed and its performance characteristics determined by HematoLogics, Inc. It has not been cleared or approved by the US Food and Drug Administration.*