



**REPORT STATUS: Final** PAGES: 1 of 1 **CLIENT ID: 97** AFIRMA REQ: R123

University Hospital of Anytown

# PATIENT REPORT

**PHONE** (555) 555-5555

# **PATIENT INFORMATION**

**GENDER:** M **LAB ID:** L123 **PATIENT:** John Doe **DOB:** 01 Jan 1973 MRN: M123

**COLLECTION DATE** 03 Jun 2018

**FACILITY NAME** 05 Jun 2018 **RECEIVED DATE** SUBMITTING PHYSICIAN Jane Demo

06 Jun 2018 **REPORT DATE** TREATING PHYSICIAN/CC PHONE ---

**CLINICAL HISTORY:** No Clinical History Provided

### **RESULTS SUMMARY**

NODULE	CYTOPATHOLOGY	AFIRMA GSC	MALIGNANCY CLASSIFIERS	XPRESSION ATLAS	UPPER
Α		Benign (ROM 4%¹)	Negative	N/A	MIDDLE
					RIGHT LEFT

# RESULTS DETAILS

NODULE A	<b>SIZE:</b> 1.5 cm	LOCATION: Upper Right				
AFIRMA GSC RESULT	Benign	Benign				
MALIGNANCY CLASSIFIERS RESULTS	Negative: BRAF p. V600E c. 1799T>A, MTC Not Detected: RET/PTC1, RET/PTC3					
MALIGNANCY CLASSIFIERS COMMENTS	MTC and BRAF malignancy classifier results were negative and RET/PTC1 and RET/PTC3 were not detected. These results do not change the risk of malignancy (ROM) of the Afirma GSC Benign result.					
GROSS DESCRIPTION	Received one vial of FNAprotect, labeled with the Requisition Form # and patient initials.					

### **RESULTS INTERPRETATION**

Cytopathology Diagnosis Afirma GSC <sup>1,5</sup> Indeterminate <sup>8</sup>		Malignancy Classifiers MTC <sup>3,8</sup> BRAF <sup>2,2,4,8</sup> RET/PTC <sup>2,8</sup>			Parathyroid <sup>6,8</sup>		
	indeterminates				BRAF+2,4,0	REI/PIC2,0	
Risk of Malignancy: Afirma GSC Benign	4%		Sensitivity/Specificity	>99% / >99%			>99% / >99%
Risk of Malignancy: Afirma GSC Suspicious	~50%		PPA/NPA		>99% / >99%		
Sensitivity:	91%		Confirmation Rate/NPA			>99% / >99%	
Specificity:	68%		Risk of Malignancy	>99%	>95%	>95%	
Limit of Detection <sup>†</sup> :	5%		Limit of Detection <sup>†</sup>	20%	5%	10%	15%

References: 1. Patel KN, et al. WCTC 2017. 2. Haugen BR, et al. Thyroid 2016. 3. Randolph G, et al. ATA 2017 4. Angell TE, et al. ATA 2017. 5. Hu Z, et al. ATA 2017. 6. Sosa JA, et al. ATA 2017.

§ Indeterminate includes Atypia of Undetermined Significance / Follicular Lesion of Undetermined Significance and (suspicious for) Follicular Neoplasm / Hürthle Cell Neoplasm. † Analytical sensitivity studies demonstrated the test's ability to detect malignant cells in a background of benign cells. † BRAF classifier performance is based on a comparison to a castPCR DNA assay for the BRAF V600E mutation.

Afirma Thyroid FNA Analysis is a diagnostic service provided by Veracyte, Inc. for the assessment of thyroid nodules that includes cytopathology and gene expression testing. Afirma GSC, BRAF, MTC and RET/PTC tests and their performance characteristics were determined by Veracyte. MTC is an RNA classifier that identifies the presence of medullary thyroid carcinoma (MTC); BRAF is a BRAF p. V600E, c. 1799T>A RNA classifier; RET/PTC is a gene expression marker of somatic rearrangements of the RET protooncogene (RET/PTC1 and RET/PTC3).

# E-SIGNED ON 06 Jun 2018 10:43 AM BY:

Robert J Monroe MD, PhD, Veracyte Inc. CLIA # 05D2014120 6000 Shoreline Ct, Suite 100, South San Francisco, CA 94080

CLIA#05D2014120 CA License CLF340176 Lab Director: Robert J Monroe, MD, PhD A copy of this form shall be as valid as the original. C863.1.1805 © 2018 Veracyte, Inc. All rights reserved. The Veracyte and Afirma names and logos are trademarks of Veracyte, Inc. Afirma Thyroid FNA Analysis is used for clinical purposes and clinical correlation of its results are recommended. The Veracyte laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to perform highcomplexity clinical testing. This test has not been cleared or approved by the FDA.

