



Patient Report

Patient Information

Full Name:

Gender: Male

SSN/ID #:

Date of Birth/Age:

Test Results

Tumor Origin: Renal Cell Carcinoma, papillary

Interpretation and Test Description

Interpretation: Validation studies on resection specimens showed an overall sensitivity of 85%. The majority of cases returned a single predicted origin. For these cases, the sensitivity was 90%.

Test Description: Microdissection is performed whenever needed to increase the tumor cellular content. The expression of microRNAs is quantified by microarray profiling to determine the tumor origin. The test can discriminate between 42 tumor origins using a combination of a proprietary binary decision tree and a K Nearest Neighbor (KNN) classifier. The result may be reported as one tumor origin, a combination of diagnoses in a broader diagnostic category, or as two answers listed in the order of the level of confidence of the classifier. If the probability for answers is low, no tumor origin may be reported.

Account Information

Address 1:

Address 2:

City: State:

Zip Code:

Country:

Phone:

Fax:

Ordering Physician Information

Physician Name:

Address 1:

Address 2:

City: State:

Zip Code: Country:

Phone:

Fax:

Specimen Information

Biopsy Site: Lymph Node

Specimen Type: Formalin-Fixed Paraffin-Embedded Tissue

Specimen Collection Date:

Barcode #:

Submitting Lab Internal ID#:

Sample #:

Date Specimen Received:

Date Result Reported:

Notes

a. The tumor panel consists of the following origins: Breast cancer; Adrenocortical Ca.; Astrocytic Tumor; GI Carcinoid; Cholangiocarcinoma/Extrahepatic Biliary Adenocarcinoma; Chondrosarcoma; Colorectal Ca.; Ewing Sarcoma; Gastric/Esophageal Adenocarcinoma; GIST; HCC; Liposarcoma; Lung: Large Cell/Adenocarcinoma, Small Cell Ca., Carcinoid; Lymphoma; MFH/Fibrosarcoma; Melanoma; Oligodendroglioma; Osteosarcoma; Ovarian Ca.; Ovarian Primitive Germ Cell Tumor; Pancreatic Adenocarcinoma; Pancreatic Islet Cell Tumor; Pheochromocytoma; Pleural Mesothelioma; Prostatic Adenocarcinoma; RCC: chromophobe, clear cell, papillary; Rhabdomyosarcoma; SCC: Anus/Skin, Lung/Head&Neck/Esophagus, Cervix; Synovial Sarcoma; Non-Seminomatous Testicular Germ Cell Tumor; Seminoma; Thymoma/Thymic Carcinoma; Thyroid Ca.: follicular, medullary, papillary; Urothelial Ca.. Tumors other than the ones listed may be misclassified. This test does not determine malignancy.

b. MicroRNA expression profiles of prostate metastases may differ significantly from prostate cancer primaries. Therefore, for male patients where prostate cancer is in the differential diagnosis based on the clinical and pathological presentation, prostate cancer should be considered even if prostate is not suggested as a tissue of origin by this test.

c. This test was developed and its performance characteristics determined by Rosetta Genomics. It has not been cleared or approved by the U.S. Food and Drug Administration. It is used for clinical purposes and should not be regarded as investigational or for research use only. Patient management decisions should be based on the independent medical judgment of the treating physician, taking into consideration all available information concerning the patient's condition, including other tests. The Laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) to perform high complexity testing.

Laboratory Director

Mats Sanden, MD