ONCOLOGY genpath an OPKO Health Company

FINAL REPORT

PHYSICIAN	PATIENT	SAMPLE
DOCTOR, TEST 1243 Main St Anytown, USA 12345 Acct #: **(J3333-7)** P: (111) 222-3333 **FX**	**PATIENT, TEST** **DOB:**02/15/1970 **Age:**48 Y **Sex:**M **ID:** XXXXXX **Address:** **P:**	**Specimen ID: 000000000** **Date Of Report:**03/07/2018 **Date Collected:**03/05/2018 **Time Collected:** **Date Received:** 03/05/2018 **Time Received:** 07:49 North America Eastern Time

CLINICAL REPORT

As per your request a copy of this report was sent to: PATIENT, TEST (Mail: PATIENT ADDRESS)

CLINICAL ABNORMALITIES SUMMARY:

(May not contain all abnormal results: narrative results may not have abnormal flags. Please review entire report.)

4K SCORE	**77**
PSA Total	**4.70 H**

PROSTATE CANCER RISK EVALUATION

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Prior Biopsy Status: NO PRIOR BIOPSY							
Digital Rectal Exam (DRE): NORMAL							
4K SCORE		*77*		%	03/07/18		

Evaluation: ELEVATED RISK

NOTE: Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

~ This test was evaluated and its performance characteristics determined by BioReference Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such a clearance or approval is not necessary. The results reported for this procedure are for research use only. BioReference Laboratories is certified under the Clinical Laboratory Improvement Act of 1988 (CLIA) as qualified to perform high-complexity clinical testing.

MISCELLANEOUS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
PSA Total		*4.70 H*	<4.00	ng/mL	03/07/18		

NOTE: NCCN Guidelines(1.2017)recommend repeat testing every 2-4 years if PSA is <1 ng/mL and every 1-2 years if PSA is 1-3 ng/mL in men aged 45 to 75 years. A PSA value of 1.00 ng/mL selects for the upper range of PSA values. Men who have a PSA above the median for their age group are at a higher risk for prostate cancer and for the aggressive form of the disease. The higher above the median, the greater the risk.

NOTE: The PSA assay should not be the only test used for diagnostic purposes. Additional evaluation using DRE, ultrasound, TUR or similar procedures may be used for this purpose. Predictions of disease recurrence should not be based solely upon values obtained from serial PSA values obtained on the patient.

NOTE: Values obtained with different assay methods or kits cannot be used interchangeably.

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ASSAY INFORMATION: Method Electrochemiluminescence Immunoassay (Roche Diagnostics)

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CLINICAL REPORT

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
PSA, FREE	1.02		Not Estab.	ng/mL	03/07/18		

NOTE: Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. Values obtained with different assay methods or kits cannot be used interchangeably.

ASSAY INFORMATION: Method Electrochemiluminescence Immunoassay (Roche Diagnostics).

% FREE PSA	21		See Below	%	03/07/18		

FREE PSA RISK ASSESSMENT

The probability of prostate cancer for men with non-suspicious DRE results, by age group, using PSA values between 4.000 and 10.000 ng/mL and percent FREE PSA values is summarized in the table below:

PROBABILITY OF CANCER*

%free PSA	(50-59 yrs)	(60-69 yrs)	(>or=70 yrs)
<or=10	49.2%	57.5%	64.5%
11-18	26.9%	33.9%	40.8%
19-25	18.3%	23.9%	29.7%
>25	9.1%	12.2%	15.8%

*probability of finding prostate cancer by needle biopsy

NOTE: Calculation of percent FREE PSA may not be possible when the value for TOTAL PSA is in the low normal range. These guidelines are for assays performed using the Roche E602 immunoassay system.(8/2015;V8.0)

Final Report