

| Patient Identification | | Report Identification | |
|------------------------|-----------------|---------------------------|-------------------------|
| Last Name | PATLAST | Path Report ID | H18-3718 |
| First Name | PATFIRST | Specimen Date | 09/19/2017 |
| Middle Name | M | Report Date | 09/21/2017 |
| SSN | 140000605 | KCR Load Date | 01/22/2019 |
| Birth Date | 11/13/1950 | Control ID | 123456789 |
| Gender | F | Sending Lab | Multi Facility |
| Address | 123 Fake Street | Orderer | 1578798294 ORDERERFIRST |
| Address Line 2 | | Orderer Phone | |
| City | Lexington | Ordering Facility | |
| State | KY | Ordering Facility Name | |
| Zip Code | 40503 | Ordering Facility Address | |
| Home Phone | 859-123-4567 | Ordering Facility City | |
| Business Phone | | Ordering Facility State | |
| Medical Record | 893390 | Ordering Facility Zip | |
| External ID | | Ordering Facility Phone | |
| Alternate ID | | Enterer | |
| Maiden Name | | Verifier | |
| Marital Status | | Collector | |
| Race | White | Interpreter | |
| Ethnicity | 0 | Attending Dr. | |
| Birth Place | | Referring Dr. | |
| Cervix Flag | 1 | Consulting Dr. | |
| Patient Type | | Admitting Dr. | |
| Patient Location | | Ordering Provider | |
| Event Type | TEST | Ordering Provider Address | |
| | | Ordering Provider City | |
| | | Ordering Provider State | |
| | | Ordering Provider Zip | |
| | | Ordering Provider Phone | |

Pathology Text 4

Mass at 10:00 right breast

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| Testing performed at outside laboratory. See scanned report. |
| Addendum electronically signed by Test Physiciane on 09/09/2018 at 9:56 AM |
| Fluorescence in situ Hybridization (FISH) Report |
| HER2/CEN-17 Dual-Probe (Breast Cancer) |
| Result: |
| Positive/Amplified |
| HER/2CEN-17 Ratio: 4.6 |
| Avg number of HER2 Signals/Nucleus: 14.3 |
| Testing performed at outside laboratory. See scanned report. |
| Addendum electronically signed on 9/01/2018 at 1:14 PM |
| Surgical Pathology Report Case: XX19-9999 |
| Authorizing Provider: Test Physician Collected: 07/17/2018 07:20 PM |
| Ordering Location: Test Facility Lexington Received: 08/08/2018 08:10 PM |
| Test Center 1111 |
| Pathologist: Test Physician |
| Specimen: Breast, Right |
| IMMUNOHISTOCHEMICAL RESULTS (IHC): |
| Estrogen Receptor RESULT: Positive 90% 3+ (INTENSITY SCORE) |
| Progesterone Receptor RESULT: Positive 40% 2+ (INTENSITY SCORE) |
| Her2/Neu oncoprotein RESULT: Equivocal 60% 3+ (INTENSITY SCORE) |
| All controls stain appropriately including external positive, internal negative and external negative controls as required. |
| ER clone Ventana SP1, PR clone IE2, polymer, IVD approved |
| immunohistochemical stains are performed on formalin-fixed, paraffin-embedded tissue. 2% or greater numbers of nuclei staining of any intensity is considered a positive test in our laboratory. |
| Estrogen, Progesterone Receptors and Her2/neu testing is scored and reported as per ASCO/CAP guidelines published in Test Facility 2014, 30: 1111-1111 (2014 update). The reference values for positive, negative and equivocal are listed above. |

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| HER-2/neu oncoprotein (Ventana clone 4B5, polymer, IVD). Test is performed on formalin fixed, paraffin embedded tissue. NEGATIVE TEST is 0+ or 1+ staining. POSITIVE TEST is 2+ staining, with at least 20% of tumor showing strong and uniform membranous staining. EQUIVOCAL TEST is 3+ or questionable 2+ staining and is submitted for testing by ISH method for HER2/neu oncogene amplification. |
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| Pathology Text 2 |
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| Pathology Text 3 |
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| Pathology Text 5 |
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| M-80103 M-85003 M-80001 M-80011 |
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