Date & Time:



**Director:** Name:

## Test Report : Pleximmune™

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Patient Name:				Accessio	n Number:		
Insurance Details:							
Carrier:			Plan Name:				
Member ID #:			Group ID #:				
Additional Comments, if an	ıy:						
Date of Birth:			Gender:	Male	Female		
Sample Collection Date:			Time:		AM	PM	
Sample Receipt Date:			Time:		AM	PM	
Time from transplant: Pre-tra	ansplant		Post-transpl	ant			
Sample Condition when rece	ived:						
Sodium Heparin Tube:	Yes No		Seal Intact:	Yes	No		
Blood Clot:	Yes No		Volume:	3-5	ml Other		
Recipient and donor HLA in	formation:	Yes N	No				
Sample: Not adequate f	or assay	Assayed					
Patient HLA: HLA-A:		HLA-B:			HLA-DR:		
Donor HLA: HLA-A:		HLA-B:			HLA-DR:		
Physician Ordering Test:				ľ	NPI #:		
Facility:							
Assay Report Date:			Time:		AM	PM	
Donor-induced CD154+TcM:	%		Third-party-	induced	CD154+TcM:	%	
Immunoreactivity Index (IR):							
Assay interpretation: Increa	sed/Decreased	d risk of reje	ection				
Reference range: For post-tra	ansplant blood s	samples, an II	R >= 1.1 implie	s increase	ed risk. An IR <	1.1 implies de	creased r
For pre-train	nsplant samples	s, an IR >= 1.2	23 implies incre	ased risk	An IR <1.23 in	nplies decreas	ed risk.
Interpretation: Results of this clinical and laboratory indicat recipient. The immunoreactive rejection. The value only indicat thresholds as described under	cors when estab vity index is a ca cates increased	olishing the ralculated nur I or decrease	risk of rejectio meric value. T	n. The ris he actua	sk of rejection I value does n	is specific to ot indicate the	the trans e severity
<b>Limitation:</b> Pleximmune <sup>™</sup> is a to clinical information and lab (ACR) in children with liver ar value for the evaluation of An been established in the prese	poratory results and small bowel atibody Mediate	s to aid in the transplanta ed Rejection	e evaluation of tion. The Plexi (AMR), nor Ch	of the imi immune <sup>1</sup> nronic Re	munological ri <sup>™</sup> test has nei jection. The po	sk for Acute C ther prognost erformance o	Cellular R fic nor dia f the test

Signature: