



PATIENT: **Nozdrin, Alexy** GENDER: **M** AGE: **26** DOB: **08/05/1990**

CLIENT NAME: **ProGenetics** CLIENT NUMBER: **1053**

PHYSICIAN: **ProGenetics,, Israel** SAMPLE ID: **2539**

SAMPLE TYPE: **Blood** COLLECTION DATE: **08/31/2016** DATE RECEIVED: **09/01/2016** REPORT DATE: **09/10/2016**

INDICATION: **No Indication Provided**

PERSONALIZED GENE PROFILE

Sequence Variants: 6

GENE	ALTERATION	MUTANT FRACTION	FDA GUIDANCE (for patient indication)	FDA GUIDANCE (for other indications)	TRIALS (details below)
BRAF	No Reported Mutation			Melanoma (BRAF Wild Type): Dabrafenib, Trametinib, Vemurafenib & Cobimetinib not indicated	
KRAS	No Reported Mutation			Colon (KRAS Wild Type): Cetuximab & Panitumumab	
TP53	p.P72R; c.215C>G Exon 4	95.1%			
KIT	p.K558R; c.1673A>G Exon 11	2.3%			
MET	p.T1010I; c.3029C>T	98.6%			
APC	p.Q1447*; c.4339C>T	27.3%			
PTPN11	p.D61G; c.182A>G	2.1%			
SMAD4	p.D332G; c.995A>G	8.2%			
ABL1	No Reported Mutation				
AKT1	No Reported Mutation				
ALK	No Reported Mutation				
ATM	No Reported Mutation				
CDH1	No Reported Mutation				



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CDKN2A	No Reported Mutation				
CSF1R	No Reported Mutation				
CTNNB1	No Reported Mutation				
EGFR	No Reported Mutation				
ERBB2	No Reported Mutation				
ERBB4	No Reported Mutation				
EZH2	No Reported Mutation				
FBXW7	No Reported Mutation				
FGFR1	No Reported Mutation				
FGFR2	No Reported Mutation				
FGFR3	No Reported Mutation				
FLT3	No Reported Mutation				
GNA11	No Reported Mutation				



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GNAQ	No Reported Mutation				
GNAS	No Reported Mutation				
HNF1A	No Reported Mutation				
HRAS	No Reported Mutation				
IDH1	No Reported Mutation				
IDH2	No Reported Mutation				
JAK2	No Reported Mutation				
JAK3	No Reported Mutation				
KDR	No Reported Mutation				
MLH1	No Reported Mutation				
MPL	No Reported Mutation				
NOTCH1	No Reported Mutation				
NPM1	No Reported Mutation				



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NRAS	No Reported Mutation				
PDGFRA	No Reported Mutation				
PIK3CA	No Reported Mutation				
PTEN	No Reported Mutation				
RB1	No Reported Mutation				
RET	No Reported Mutation				
SMARCB1	No Reported Mutation				
SMO	No Reported Mutation				
SRC	No Reported Mutation				
STK11	No Reported Mutation				
VHL	No Reported Mutation				



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DISCLAIMER

All of the individual assays that are available through CirculoGene Theranostics (CGT) were developed and their test performance characteristics were determined and validated by CGT pursuant to the Clinical Laboratory Improvements Amendments and accompanying regulations (CLIA). These tests have not been cleared or approved by the United States Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. CGT clinical laboratory is certified under CLIA to perform high-complexity testing.

The test report incorporates analyses of peer-reviewed studies and other publicly available information. Every effort is made to provide the most accurate and up-to-date information through FDA and PubMed, to exclude germline alterations via COSMIC and dbSNP. Identification of cancer associated mutations does not necessarily indicate good response to therapy; while absence of a cancer associated mutation does not necessarily indicate poor response to therapy. This report makes no promises or guarantees that a particular drug will be effective in the treatment of disease in any patient. This report also makes no promises or guarantees that a drug with potential lack of clinical benefit will in fact provide no clinical benefit.

Drugs referenced in this report may not be suitable for a particular patient. The selection of any, all or none of the drugs associated with potential clinical benefit (or potential lack of clinical benefit) resides entirely within the discretion of the treating physician. Indeed, the information in this report must be considered in conjunction with all other relevant information regarding a particular patient, before the patient's treating physician recommends a course of treatment.

Decisions on patient care and treatment must be based on the independent medical judgment of the treating physician, taking into consideration all applicable information concerning the patient's condition, such as patient and family history, physical examinations, information from other diagnostic tests, and patient preferences, in accordance with the standard of care in a given community. A treating physician's decisions should not be based on a single test, such as this test, or the information contained in this report.

CirculoGene Theranostics makes no promises or guarantees that a healthcare provider, insurer or other third party payor, whether private or governmental, will reimburse a patient for the cost of our tests.

CGT's tests target specific gene mutations and does not detect mutations that are outside of the targeted area. Testing does not completely sequence every exon of each one of the 50 genes. The limit of detection is 5% at 500X coverage and 10% at 200X coverage. This technology cannot reliably detect mutations at coverage below 100X.