

**Patient and Specimen Information**

ID 1	<input type="text"/>	CCL ID	<input type="text"/>
ID 2	<input type="text"/>	Collection Date	<input type="text"/>
Patient Name	<input type="text"/>	Date Received	<input type="text"/>
Date of Birth	<input type="text"/>		
Sample Comments	<input type="text"/>		

**Physician Information**

CCL Account No	<input type="text"/>	Requesting Physician	<input type="text"/>
Clinic/Hospital Name	<input type="text"/>		

**Patient Results****EpiScore                    75                    Interpretation:            Positive**

Software Version:            1.9.52

**Interpretation Guidelines**

The EpiScore is a measure of the overall methylation level of the Bladder EpiCheck biomarkers panel and ranges between 0-100. The test cut-off is an EpiScore of 60, meaning that all results equal to or above 60 are considered positive, and results below 60 are considered negative.

Positive results indicate a high probability of the presence of bladder cancer and/or upper tract urothelial carcinoma. Negative result indicates a high probability of the absence of bladder cancer and/or upper tract urothelial carcinoma or that the cancer is in remission.

Invalid result indicates that the test should be repeated.

**Indication for use**

The Bladder EpiCheck test is an in vitro diagnostic device for the detection of DNA methylation patterns in urine that are associated with urothelial carcinoma. It is intended for use as a non-invasive method for monitoring of tumour recurrence in conjunction with standard diagnostic procedures in patients previously diagnosed with bladder cancer and/or upper tract urothelial carcinoma.

Additionally, Bladder EpiCheck is intended for use as an aid in the detection of bladder cancer and upper tract urothelial carcinoma, in patients presenting with haematuria and/or other urinary tract symptoms and/or findings with a suspicion of malignancy, in conjunction with standard diagnostic procedures.

**Comments**

08/01/2024

Approved By:

**X**

Signed by:

Report prepared by: Zoe Dawson