Patient ID	Patient Name		Birth Date	Sex	Age
SA00168896	SAMPLE, REPORT		1961-02-25	M	63
Order Number	**Client Order Number**	**Ordering Physician**	**Report Notes**		
SA00168896	SA00168896	CLIENT,CLIENT			
Account Information		**Collected**			
C7028846 DLMP Rochester		10 Jun 2024 08:00			

PrecivityAD

Amyloid Probability Score (APS) Y350

93

APS Result Y350

HIGH

Interpretation Y350

A high APS result (58−100) is consistent with a positive amyloid PET scan result and, thus, a high likelihood of amyloid plaques. Presence of amyloid plaques is consistent with an Alzheimer's disease (AD) diagnosis in someone who has cognitive decline, but alone is insufficient for a final diagnosis; clinical presentation and other factors should be considered along with the APS result.

APS Reference Interval Y350

0−35: Low result is consistent with absence of amyloid plaques 36−57: Intermediate result does not distinguish between presence or absence of amyloid plaques 58−100: High result is consistent with presence of amyloid plaques

Patient Age Y350

63 Years

Abeta42/40 Ratio Y350

0.067

Reference Value
>0.095

Abeta42/40 Ratio Reference Interval Y350

> 0.095 consistent with absence of amyloid plaques

Abeta42/40 Ratio Description Y350

Abeta42/40 Ratio - concentration of amyloid beta(Abeta)42 divided by Abeta40.

ApoE Proteotype Y350

E3/E3

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
Y350	C2N Diagnostics LLC	4340 Duncan Avenue, St. Louis, MO 631101110		

Patient ID	Patient Name		Birth Date	Sex	Age
SA00168896	SAMPLE, REPORT		1961-02-25	M	63
Order Number	**Client Order Number**	**Ordering Physician**	**Report Notes**		
SA00168896	SA00168896	CLIENT,CLIENT			
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C7028846 DLMP Rochester		10 Jun 2024 08:00			

ApoE Proteotype Reference Interval

Y350

E3 is the most common allele
E4 allele is associated with increased risk of amyloid plaques E2 allele is associated with lower risk of amyloid plaques

Test Description

Y350

Alzheimer's disease is defined pathologically by the presence of amyloid plaques and neurofibrillary tangles in the brain. Biomarkers, evaluated in combination with clinical presentation, can aid the clinical diagnosis of Alzheimer's disease. The amyloid beta (Abeta) blood test measures the ratio of Abeta peptides 42 and 40 (Abeta42/40) in plasma. Apolipoprotein E (ApoE) proteotyping identifies Apo E2, E3, and E4 alleles in blood. The *Amyloid Probability Score* (APS), calculated using age, Abeta42/40 Ratio, and ApoE proteotype, significantly correlates with brain amyloidosis by quantitative amyloid PET imaging. In a study of 686 patients with cognitive impairment or dementia, APS correctly identified brain amyloid status in 86% of patients in a population with 60% prevalence (Hu, 2022). The APS is not a percent likelihood value and should not be interpreted as such. This blood test is an aid to the diagnosis of Alzheimer's disease and should be used in conjunction with other evaluations. ApoE proteotyping adds to PrecivityAD(R) test accuracy and may have relevance for treatment decisions. In recent clinical trials for amyloid reducing therapies, E4 allele has showed association with development of amyloid-related imaging abnormalities (ARIA), cerebral edema (ARIA-E) and cerebral microhemorrhages (ARIA-H)(Cummings, 2022; van Dyck, 2023). As ApoE proteotype results are equivalent to genotype information, genetic counseling may be appropriate.

Limitations of Test Result

Y350

False positive or false negative blood test results may occur. A diagnosis of Alzheimer's disease as the underlying cause for a person's clinical presentation should always be considered in the context of that person's medical and family history, and physical and neurological examination. Interpretive data were derived from clinical studies in a U.S. predominantly Caucasian population of patients with mild cognitive impairment or early dementia. The extent of the differences in results (if any) based on individuals of other racial and ethnic groups has not yet been established. The PrecivityAD(R) test is not intended for use as a screening or stand-alone diagnostic test. Currently, there is insufficient evidence to support serial testing for assessment of longitudinal changes in biomarkers, including monitoring response to therapy. This test detects peptides from Apo E2, E3 and E4 alleles but does not detect rare proteotypes. Although multiple epidemiological studies of diverse ethnic populations have demonstrated increased frequency of the E4 allele in late-onset AD cohorts, the extent of differences in individual risk estimates across different ethnicities has not been established. This test is not intended to provide information on the role of APOE proteotype/genotype in any other disease processes.

Methods and Assay Category

Y350

Mass spectrometry measures the concentrations of Abeta42 and Abeta40 and the presence of specific ApoE isoforms. C2N Diagnostics has developed and determined the analytical performance characteristics of this Laboratory Developed Test (LDT). The assay has not been cleared or approved by the FDA. This assay has been validated pursuant to CLIA regulations and is used for clinical purposes.

Performing Site Legend

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Order Number	**Client Order Number**	**Ordering Physician**	**Report Notes**		
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C7028846 DLMP Rochester		10 Jun 2024 08:00			

References

Y350

Refer to the PrecivityAD(R) Blood Test Specifications.

Performing Site

Y350

C2N Diagnostics, LLC, 4340 Duncan Avenue, St. Louis, MO 63110−1−877-C2N-DIAG (226−3424) - CLIA license #26D2184292 CAP# 8488006 Laboratory Director: John Contois PhD, DABCC, FADLM PrecivityAD(R) is a trademark of C2N Diagnostics, LLC. (C) 2024 C2N Diagnostics, LLC. All Rights Reserved.

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Code	Laboratory	Address	Lab Director	CLIA Certificate
Y350	C2N Diagnostics LLC	4340 Duncan Avenue, St. Louis, MO 631101110		