### ASSAY RESULTS

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**ScoliScore™ AIS Progression Score = 98**

### ASSAY INTERPRETATION

This score indicates this patient is at high risk for progression of a severe curve by or before skeletal maturity. The ScoliScore™ Test should not be used as the sole basis for treatment or disease monitoring decisions, but should be interpreted in conjunction with other diagnostic information for the patient with a diagnosis of AIS. As other available clinical information should be taken into consideration when counseling the AIS patient regarding the risk of curve progression or appropriate treatment. Note: The ScoliScore™ Test is NOT intended for the initial diagnosis of asymptomatic family members or relatives of diagnosed AIS patients. Studies have not established the effectiveness of the ScoliScore™ Test other than for Caucasian patients at this time. Therefore, the test results should not be relied on for patients outside this population. Additional studies with other ethnic groups are currently ongoing.

### ASSAY ACCURACY

**Sensitivity:** 90%  
**Specificity:** 88%  
Although rare, genotyping errors can occur due to misincorporation of DNA bases by the enzymes used to perform the test, sample misidentification, sample contamination, or general laboratory errors.

**Laboratory Director:** Kenneth Ward, M.D.

This Laboratory Developed Test was developed and its performance characteristics determined by Axia Biotech Laboratories. The test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary for Laboratory Developed Tests. This laboratory is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and is qualified to perform high-complexity clinical testing. These results are adjunctive to the ordering physician’s diagnosis.

**CLIA Number:** 45D1077919

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How to read the results sheet

BioPredictive tests enable liver biopsy to be avoided through the assessment of a simple blood test for the main liver lesions: fibrosis (scar), steatosis (fatty liver) and inflammation, which are induced by the most common liver diseases (chronical viral hepatitis B and C, alcoholic or nonalcoholic steatohepatitis).

**FibroTest™**
FibroTest™ estimates the amount of scarring (Fibrosis)

- **Significant**
- **Moderate**
- **Minimal**

**SteatoTest™**
Estimates the fat overload (steatosis or fatty liver)

- **Significant**
- **Moderate**
- **Minimal**

**NashTest™**
Estimates the amount of inflammation in metabolic diseases (diabetes, overweight, dyslipidemia)

- **Significant**
- **Moderate**
- **Minimal**

**ActiTest™**
Estimates the amount of inflammation in chronic viral hepatitis C or B

- **Importante**
- **Modérée**
- **Minime**

**AshTest™**
Estimates the amount of inflammation with excess alcohol

- **Inflammation**
- **No inflammation**

Contact your physician for further advice.

*FibroMax™* groups all these tests in only one exam.
Supplemental Figure 3. Analysis of variance explained as determined using principal components. A) Scree plot of descending eigenvalues displaying the five principal components corresponding to the combined predictor algorithms. B) Percent variance explained corresponding to the proportion of cumulative input of five combined predictors.