

Reporting Title: COG-Chromosomes, Hematologic, BM
Performing Location: Rochester

Ordering Guidance:
This test is only performed on specimens from pediatric patients being considered for enrollment in a Children's Oncology Group (COG) protocol. For all other patients, order CHRBM / Chromosome Analysis, Hematologic Disorders, Bone Marrow.

Shipping Instructions:
Advise Express Mail or equivalent if not on courier service.

Necessary Information:

1. A reason for referral, a flow cytometry and/or a bone marrow pathology report, and a Children's Oncology Group (COG) registration number and protocol number should be submitted with each specimen. The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed.
2. If a child enrolled in the COG protocol has received an opposite sex bone marrow transplant prior to specimen collection, note this information on the request.
3. To ensure the best interpretation, it is important to provide some clinical information to verify the appropriate type of cytogenetic study is performed.

Specimen Requirements:

Specimen Type: Bone marrow

Container/Tube:

Preferred: Yellow top (ACD)

Acceptable: Green top (sodium heparin) or lavender top (EDTA)

Specimen Volume: 4 mL

Collection Instructions:

1. It is preferable to send the first aspirate from the bone marrow collection.
2. Invert several times to mix bone marrow.

Forms:
If not ordering electronically, complete, print, and send a [Children's Oncology Group Test Request \(T829\)](#) with the specimen.

| Specimen Type | Temperature | Time | Special Container |
|---------------|---------------------|------|-------------------|
| Bone Marrow | Ambient (preferred) | | |
| | Refrigerated | | |

Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---------|-------------|---------------------|------------|------------|
| COGBM | GC022 | Reason for Referral | Plain Text | Yes |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------|--------------|------|---------|
| 602306 | Result Summary | Alphanumeric | | 50397-9 |
| 602307 | Interpretation | Alphanumeric | | 69965-2 |
| 602308 | Result | Alphanumeric | | 62356-1 |
| GC022 | Reason for Referral | Alphanumeric | | 42349-1 |
| 602309 | Specimen | Alphanumeric | | 31208-2 |
| 602310 | Source | Alphanumeric | | 31208-2 |
| 602311 | Method | Alphanumeric | | 85069-3 |
| 602312 | Banding Method | Alphanumeric | | 62359-5 |
| 602313 | Additional Information | Alphanumeric | | 48767-8 |
| 602314 | Released By | Alphanumeric | | 18771-6 |

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

- 88237, 88291-Tissue culture for neoplastic disorders; bone marrow, blood, Interpretation and report
- 88264 w/ modifier 52-Chromosome analysis with less than 20 cells (if appropriate)
- 88264-Chromosome analysis with 20 to 25 cells (if appropriate)
- 88264, 88285-Chromosome analysis with greater than 25 cells (if appropriate)
- 88283-Additional specialized banding technique (if appropriate)

Reflex Tests:

| Test Id | Reporting Name | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|-----------------------|-----------|----------|------------------|----------------------|
| ML20C | COG Metaphases, 1-19 | 1 | 88264 | No | No, (Bill Only) |
| M25C | COG Metaphases, 20-25 | 1 | 88264 | No | No, (Bill Only) |
| MG25C | COG Metaphases, >25 | 1 | 88264 | No | No, (Bill Only) |
| _STAC | Ag-Nor/CBL Stain | 1 | 88283 | No | No, (Bill Only) |

Reference Values:

An interpretative report will be provided.