

Reporting Title: COG-Chromosomes, Hematologic, Blood
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 CHRHB / Chromosome Analysis, Hematologic Disorders, Blood.

For children in whom disease relapse or a secondary myeloid neoplasm is a concern and enrollment in a new COG protocol is being considered; order COGBM / Chromosome Analysis, Hematologic Disorders, Children's Oncology Group Enrollment Testing, Bone Marrow.

Consultation with personnel from the Genomics Laboratory is recommended when considering blood studies for hematologic disorders. Call 800-533-1710 and ask for the Cytogenetics Genetic Counselor on call.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

- 1. A reason for testing, 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 has received an opposite sex bone marrow transplant prior to specimen collection for this protocol, note this information on the request.

Specimen Requirements:

Specimen Type: Blood
Container/Tube:
Preferred: Yellow top (ACD)
Acceptable: Green top (sodium heparin) or lavender top (EDTA)
Specimen Volume: 6 mL
Collection Instructions: Invert several times to mix blood.

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
Whole blood	Ambient (preferred)		
	Refrigerated		

Ask at Order Entry (AOE) Questions:

Chromosome Analysis, Hematologic Disorders,
Children's Oncology Group Enrollment Testing,
Blood

Test ID	Question ID	Description	Type	Reportable
COGBL	GC024	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
602315	Result Summary	Alphanumeric		50397-9
602316	Interpretation	Alphanumeric		69965-2
602317	Result	Alphanumeric		62356-1
GC024	Reason for Referral	Alphanumeric		42349-1
602318	Specimen	Alphanumeric		31208-2
602319	Source	Alphanumeric		31208-2
602320	Method	Alphanumeric		85069-3
602321	Banding Method	Alphanumeric		62359-5
602322	Additional Information	Alphanumeric		48767-8
602323	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.