

**Reporting Title:** T Cell Receptor Gene Rearrange, V  
**Performing Location:** Rochester

**Shipping Instructions:**  
Body fluid or spinal fluid specimens must arrive within 4 days of collection.

**Specimen Requirements:**  
Submit only 1 of the following specimens:

**Specimen Type:** Body fluid  
**Container/Tube:** Sterile container  
**Specimen Volume:** At least 5 mL  
**Collection Instructions:**  
1. If the volume is large, pellet cells prior to sending.  
2. Send less volume at ambient temperature or as a frozen cell pellet.  
**Specimen Stability Information:**  
Body fluid: Ambient 4 days/Refrigerated/Frozen  
Cell pellet: Frozen

**Specimen Type:** Paraffin-embedded bone marrow aspirate clot  
**Container/Tube:** Paraffin block  
**Specimen Stability Information:** Ambient

**Specimen Type:** Frozen tissue  
**Container/Tube:** Plastic container  
**Specimen Volume:** 100 mg  
**Collection Instructions:** Freeze tissue within 1 hour of collection.  
**Specimen Stability Information:** Frozen

**Specimen Type:** Paraffin-embedded tissue  
**Container/Tube:** Paraffin block  
**Specimen Stability Information:** Ambient

**Specimen Type:** Tissue slides  
**Container/Tube:** Unstained tissue slides  
**Specimen Volume:** 10 slides  
**Specimen Stability:** Ambient

**Specimen Type:** Spinal fluid  
**Container/Tube:** Sterile vial  
**Specimen Volume:** 5 to 10 mL  
**Specimen Stability Information:** Ambient 4 days/Refrigerated

**Specimen Type:** Extracted DNA  
**Container/Tube:** 1.5- to 2-mL tube with indication of volume and concentration of DNA

**Specimen Volume:** Entire specimen

**Collection Instructions:**

- 1. Label specimen as extracted DNA and source of specimen
- 2. Indicate volume and concentration of DNA on label

**Specimen Stability Information:** Refrigerated/Ambient

**Forms:**

- 1. [Hematopathology Patient Information](#) (T676)
- 2. If not ordering electronically, complete, print, and send a [Hematopathology/Cytogenetics Test Request](#) (T726) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
TCGRV	MP016	Specimen:	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
MP016	Specimen:	Alphanumeric		31208-2
19936	Final Diagnosis:	Alphanumeric		22637-3
608953	Signing Pathologist	Alphanumeric		19139-5

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

**Supplemental Report:**

No

**CPT Code Information:**

81340-TCB (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s), using amplification methodology (eg, PCR)

81342-TCG (T cell receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)

81479 (if appropriate for government payers)

**Reference Values:**

An interpretive report will be provided.

Positive, negative, or indeterminate for a clonal T-cell population