

**Reporting Title:** TCRVB Spectratyping, B  
**Performing Location:** Rochester

**Ordering Guidance:**  
Mayo Clinic Laboratory Director/Consultant approval is required prior to ordering this test in patients greater than 40 years of age.

**Additional Testing Requirements:**  
Additional tests that could be ordered in conjunction with this test include:  
-TRECS / T-Cell Receptor Excision Circles (TREC) Analysis, Blood  
-CD4RT / CD4 T-Cell Recent Thymic Emigrants, Blood  
-TCP / T-Cell Subsets, Naive, Memory, and Activated, Blood

**Shipping Instructions:**  
Specimens must be received in the laboratory on weekdays and by 4 p.m. on Friday. Collect and package specimen as close to shipping time as possible.

It is recommended that specimens arrive within 24 hours of collection.  
  
Samples arriving over the weekend and/or on observed holidays may be canceled.

**Necessary Information:**  
Ordering physician's name and phone number are required.

[TCR V beta Spectratyping Assay Patient Information](#) (T719) is required. Testing will proceed without the form; however, results will be held under the information is received.

**Specimen Requirements:**  
For serial monitoring, it is recommended to perform specimen collection at the same time of day, if possible.

**Supplies:** Ambient Shipping Box-Critical Specimens Only (T668)

**Specimen Type:** Blood

**Container/Tube:** Lavender top (EDTA)

**Specimen Volume:**

Adults: 10 mL

Pediatrics:

-Preferred volume for >1 year: 3 mL

-Preferred volume for < or =1 year: 1 mL

**Collection Instructions:** Send whole blood specimen in original tube. **Do not aliquot.**

**Forms:**  
[TCR V beta Spectratyping Assay Patient Information](#) (T719) is required.

Specimen Type	Temperature	Time	Special Container
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Whole Blood EDTA	Ambient	48 hours	PURPLE OR PINK TOP/EDTA
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Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
616418	CD3 T Cells	Numeric	cells/mcL	8122-4
616419	CD4 T Cells	Numeric	cells/mcL	24467-3
616420	CD8 T Cells	Numeric	cells/mcL	14135-8
615831	Family 2 Diversity Ratio	Numeric	%	82501-8
615832	Family 3-1 Diversity Ratio	Numeric	%	82500-0
615833	Family 4 Diversity Ratio	Numeric	%	82499-5
615834	Family 5 Diversity Ratio	Numeric	%	82498-7
615835	Family 6 Diversity Ratio	Numeric	%	82497-9
615836	Family 7 Diversity Ratio	Numeric	%	82496-1
615837	Family 9 Diversity Ratio	Numeric	%	82495-3
615838	Family 10 Diversity Ratio	Numeric	%	82494-6
615839	Family 11 Diversity Ratio	Numeric	%	82493-8
615840	Family 12 Diversity Ratio	Numeric	%	82492-0
615841	Family 13 Diversity Ratio	Numeric	%	82491-2
615842	Family 14 Diversity Ratio	Numeric	%	82490-4
615843	Family 15 Diversity Ratio	Numeric	%	82489-6
615844	Family 16 Diversity Ratio	Numeric	%	82488-8
615845	Family 18 Diversity Ratio	Numeric	%	82487-0
615846	Family 19 Diversity Ratio	Numeric	%	82486-2
615847	Family 20-1 Diversity Ratio	Numeric	%	82485-4
615848	Family 24-1 Diversity Ratio	Numeric	%	82484-7
615849	Family 25 Diversity Ratio	Numeric	%	82483-9
615850	Family 27 Diversity Ratio	Numeric	%	82482-1
615851	Family 28 Diversity Ratio	Numeric	%	82481-3
615852	Family 29 Diversity Ratio	Numeric	%	82480-5
615853	Family 30 Diversity Ratio	Numeric	%	82479-7
615854	Interpretation	Alphanumeric		69047-9
615855	Additional Information	Alphanumeric		48767-8
615856	Method	Alphanumeric		85069-3
615857	Disclaimer	Alphanumeric		62364-5
615858	Released By	Alphanumeric		18771-6

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

Supplemental Report:  
Supplemental

CPT Code Information:

81340-TRG (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)

Reference Values:

References values will be provided in the patient report.