

Reporting Title: Myeloid Neoplasms, NGS, V
Performing Location: Rochester

Shipping Instructions:
Peripheral blood and bone marrow specimens must arrive within 14 days of collection.

Necessary Information:
The following information is required:

1. Clinical diagnosis
2. Pertinent clinical history, including disease phase (diagnostic, remission, relapse/refractory) and therapy status (especially if patient has received a hematopoietic stem cell transplant).
3. Clinical or morphologic suspicion
4. Date of collection
5. Specimen source

Specimen Requirements:
Submit only 1 of the following specimens:

Preferred Specimen Type: Bone marrow aspirate
Container/Tube:
Preferred: Lavender top (EDTA) or yellow top (ACD)
Acceptable: Green top (sodium heparin)
Specimen Volume: 2 mL
Collection Instructions:

1. Invert several times to mix bone marrow.
2. Send bone marrow specimen in original tube. **Do not aliquot.**
3. Label specimen as bone marrow.

Specimen Stability: Ambient (preferred)/Refrigerate

Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA) or yellow top (ACD)
Acceptable: Green top (sodium heparin)
Specimen Volume: 3 mL
Collection Instructions:

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot.**
3. Label specimen as blood.

Specimen Stability: Ambient (preferred)/Refrigerate

Specimen Type: Extracted DNA from blood or bone marrow
Container/Tube: 1.5- to 2-mL tube with indication of volume and concentration of the DNA
Specimen Volume: Entire specimen

Collection Instructions: Label specimen as extracted DNA and source of specimen
Specimen Stability: Frozen (preferred)/Refrigerate/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	14 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
NGSHM	MP024	Specimen Type	Plain Text	Yes
NGSHM	NGSD	Indication for Test	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
MP024	Specimen Type	Alphanumeric		31208-2
NGSD	Indication for Test	Alphanumeric		42349-1
37276	Pathogenic Mutations Detected	Alphanumeric		82939-0
37282	Clinical Trials	Alphanumeric		82786-5
37277	Variants of Unknown Significance	Alphanumeric		93367-1
37278	Additional Notes	Alphanumeric		48767-8
37279	Method Summary	Alphanumeric		85069-3
37420	Disclaimer	Alphanumeric		62364-5
37280	OncoHeme Panel Gene list	Alphanumeric		36908-2
37287	Reviewed By:	Alphanumeric		18771-6
37283	Interpretation	Alphanumeric		69047-9
601696	NGSHM Result	Alphanumeric		No LOINC Needed

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

Supplemental Report:
No

CPT Code Information:
81450

Test Definition: NGS^{HM}

MayoComplete Myeloid Neoplasms,
Comprehensive OncoHeme Next-Generation
Sequencing, Varies

Reference Values:

An interpretive report will be provided.