

## **Test Definition: MYEFL**

Myelodysplastic Syndrome by Flow Cytometry,

Bone Marrow

Reporting Title: MDS by Flow Cytometry, BM

Performing Location: Rochester

## **Additional Testing Requirements:**

If cytogenetic tests are also desired when collecting MYEFL / Myelodysplastic Syndrome by Flow Cytometry, Bone Marrow, an additional specimen should be submitted. It is important that the specimen be obtained, processed, and transported according to instructions for the other required test.

## **Shipping Instructions:**

Specimen must be received within 3 days of collection.

## **Specimen Requirements:**

Container/Tube:

Preferred: Yellow top (ACD solution A or B

Acceptable: Lavender top (EDTA), green top (heparin)

Specimen Volume: 2-5 mL

Slides: Include 5 to 10 unstained bone marrow aspirate smears, if possible, labeled with 2 unique identifiers.

#### **Collection Instructions:**

- 1. Submission of bilateral specimens is not required.
- 2. Label specimen as bone marrow.

#### Forms:

If not ordering electronically, complete, print, and send a <u>Hematopathology/Cytogenetics Test Request</u> (T726) with the specimen.

Specimen Type	Temperature	Time	Special Container
Bone Marrow	Ambient		

#### **Result Codes:**

Result ID	esult ID Reporting Name		Unit	LOINC®
CK086	MDS Panel	Alphanumeric		No LOINC Needed
CK092	Final Diagnosis	Alphanumeric		22637-3
CK093 Special Studies		Alphanumeric		30954-2
CK094	Microscopic Description	Alphanumeric		22635-7

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

## **Supplemental Report:**

No

#### **CPT Code Information:**

88184-Flow cytometry; first cell surface, cytoplasmic or nuclear marker x 1



# **Test Definition: MYEFL**

Myelodysplastic Syndrome by Flow Cytometry,
Bone Marrow

88185-Flow cytometry; additional cell surface, cytoplasmic or nuclear marker (each) x18 88189-Flow Cytometry Interpretation, 16 or More Markers (if appropriate)

### **Reflex Tests:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
FCINS	Flow Cytometry Interp,16 or greater	1	88189	No	No, (Bill Only)

#### **Reference Values:**

An interpretive report will be provided. This test will be processed as a laboratory consultation. An interpretation of the immunophenotypic findings and, if available, morphologic features will be provided by a board-certified hematopathologist for every case.