

Reporting Title: AML, 11 Gene, NGS, V
Performing Location: Rochester

Ordering Guidance:

This gene panel is a subset of the NGSSM / Myeloid Neoplasms, Comprehensive OncoHeme Next-Generation Sequencing test and focuses more specifically on the gene mutations that are most prevalent and clinically significant in acute myeloid leukemias (AML). If a wider gene mutation analysis is desired or the indication for testing is for a myeloid malignancy other than AML, consider NGSSM.

Shipping Instructions:

Bone marrow and peripheral blood 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: Peripheral 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)/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 | 14 days | |

Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---------|-------------|---------------|------------|------------|
| NGAML | MP038 | Specimen Type | Plain Text | Yes |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|----------------------------------|--------------|------|-----------------|
| 43554 | NGAML Result | Alphanumeric | | No LOINC Needed |
| 43488 | Pathogenic Mutations Detected | Alphanumeric | | 82939-0 |
| 43487 | Interpretation | Alphanumeric | | 69047-9 |
| 43489 | Clinical Trials | Alphanumeric | | 82786-5 |
| 43490 | Variants of Unknown Significance | Alphanumeric | | 93367-1 |
| 43491 | Additional Notes | Alphanumeric | | 48767-8 |
| 43492 | Method Summary | Alphanumeric | | 85069-3 |
| 43493 | Disclaimer | Alphanumeric | | 62364-5 |
| 43494 | AML Panel Gene List | Alphanumeric | | 36908-2 |
| 43495 | Reviewed By | Alphanumeric | | 18771-6 |
| MP038 | Specimen Type | Alphanumeric | | 31208-2 |

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

Supplemental Report:
No

CPT Code Information:

81450

Reference Values:
An interpretive report will be provided