

Test Definition: PVJAK

Polycythemia Vera, JAK2 V617F with Reflex to
JAK2 Exon 12-15, Sequencing for
Erythrocytosis, Varies

Reporting Title: PV (JAK2 V617F, Exon 12-15) Reflex
Performing Location: Rochester

Shipping Instructions:
Specimen must arrive within 5 days of collection.

Necessary Information:

Specimen Requirements:
Submit only 1 of the following specimens:

Specimen Type: Blood
Container/Tube: Lavender top (EDTA) or yellow top (ACD-B)
Specimen Volume: 10 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 Type: Bone marrow aspirate
Container/Tube: Lavender top (EDTA) or yellow top (ACD-B)
Specimen Volume: 4 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send bone marrow specimen in original tube. **Do not aliquot.**
3. Label specimen as bone marrow.

Forms:
If not ordering electronically, complete, print, and send a [Hematopathology/Cytogenetics Test Request](#) (T726) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	5 days	
	Ambient	5 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
PVJAK	MP037	Specimen Type	Plain Text	Yes

Result Codes:

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Result ID	Reporting Name	Type	Unit	LOINC®
MP037	Specimen Type	Alphanumeric		31208-2
42394	Final Diagnosis	Alphanumeric		50398-7
42395	PV Reflex Result	Alphanumeric		43399-5

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

Supplemental Report:

No

CPT Code Information:

81270-JAK2 V617
0027U (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
JAK XR	JAK2 Exon 12-15 Sequencing, Reflex	1	0027U	No	Yes, (order JAKXB-blood or JAKXM-bone marrow), Bill Only

Reference Values:

An interpretive report will be provided.