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**Reporting Title:** Hematopathology Consult**Performing Location:** Rochester**Ordering Guidance:**

1. If requesting a peripheral blood smear evaluation only, order SPSM / Morphology Evaluation (Special Smear), Blood.
2. If requesting a hematopathology consultation on paraffin-embedded tissue and slides, order PATHC / Pathology Consultation. Also include a cover letter indicating hematopathology review requested.
3. If requesting a hematopathology consultation and only paraffin-embedded biopsy/clot samples and bone marrow aspirate are submitted, order HPCUT / Hematopathology Consultation, Client Embed. Orders for HPCUT require MCL prior authorization.

**Additional Testing Requirements:****Shipping Instructions:**

Attach the green "Attention Pathology" address label (T498) to the outside of the transport container before putting into the courier mailer.

**Necessary Information:**

All requisition and supporting information must be submitted in English.

Each of the following items is required:

**1. All requisitions must be labeled with:**

- Patient name, date of birth, medical record number, and either case number or pathology ID
- Name and phone number of the referring pathologist or ordering provider
- Collection date

**2. [Hematopathology Patient Information \(T676\)](#); print and submit with the case****3. A recent Hematology/Oncology clinical note; print and submit with the case****4. Complete blood cell count (CBC) results from testing performed within 14 days of bone marrow collection.****5. Indicate clinical reason/context****6. All pending and final reports for ancillary testing on submitted specimens.****Specimen Requirements:**

All specimens are required to perform testing.

**Supplies:** Bone Marrow Collection Kit (T793)

**Additional Information:**

All specimens and paperwork must be labeled with:

- Two patient identifiers (patient name, date of birth, medical record number, case number, or pathology ID)
- Specimen type

Information on collecting, packaging, and shipping specimens is available:

[-Bone Marrow Core Biopsy, Clot, and Aspirate Collection Guideline](#)

[-Assistance with Bone Marrow Collection](#)

**Specimen Type:** Bone marrow aspirate

**Slides:** 5**Preferred:** Freshly prepared slides made at the time of specimen collection**Acceptable:** Slides made from EDTA bone marrow specimen, within 2 hours of collection**Submission Container/Tube:** Plastic slide holder**Specimen Volume:** 5 Total slides: 2 direct smears and 3 unit prep slides; unfixed and unstained, per unilateral collection**Collection Instructions:**

1. Prepare slides of bone marrow aspirate.
2. If bone marrow units are sparse or absent or aspirate is a dry tap, make biopsy touch prep slides.
3. Air dry slides. **Do not place** on hot plate to dry.
4. Place Parafilm around the slide carriers holding unstained slides to prevent exposure to formalin fumes during transport. Place slides in a separate bag apart from any formalin-fixed clot or core biopsy specimens. If using slide carriers, make sure they have not been used to carry fixed slides previously.

**Specimen Type:** Bone marrow aspirate**Container/Tube:** Lavender top (EDTA) and yellow top (ACD solution A or B)**Specimen Volume:** 2 x 3 mL in EDTA and 2 x 6 mL in ACD solution A or B**Collection Instructions:**

1. Aspirate per standard bone marrow collection procedure.
2. Send bone marrow specimens in original tubes. **Do not aliquot.**

**Specimen Type:** Bone marrow aspirate clot**Container/Tube:** Bone marrow aspirate clot in 10% formalin**Specimen Volume:** 0.5 mL**Collection Instructions:**

1. Place 0.5 mL bone marrow aspirate in clot tube.
2. After clot has formed, place clot in 10% formalin.
3. Place Parafilm around the container to prevent exposure.

**Specimen Type:** Bone marrow core biopsy**Container/Tube:** Fixed biopsy core in 10% formalin**Collection Instructions:**

1. If bone marrow units are sparse or absent, or aspirate is a dry tap, make biopsy touch prep slides.
2. Place biopsy core in 10% formalin immediately after collection.
3. Fix in 10% formalin for 1 to 2 hours.
4. Place Parafilm around the 10% formalin container to prevent exposure.

**Specimen Type:** Blood**Slides:** 2**Preferred:** 2 Freshly prepared fingerstick slides**Acceptable:** 2 Slides made from whole blood in EDTA, within 8 hours of collection**Submission Container/Tube:** Plastic slide holder**Specimen Volume:** 2 Unstained and unfixed slides**Collection Instructions:**

1. Prepare 2 smears of even thickness.
2. Place Parafilm around the slide carriers holding unstained slides to prevent exposure to formalin fumes during

transport. Place slides in a separate bag apart from any formalin-fixed clot or core biopsy specimens. If using slide carriers, make sure they have not been used to carry fixed slides previously.

Forms:

1. [Hematopathology Patient Information \(T676\)](#) is required.
2. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:  
[-Hematopathology/Cytogenetics Test Request \(T726\)](#)  
[-Benign Hematology Test Request \(T755\)](#)

Specimen Type	Temperature	Time	Special Container
Varies	Ambient		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
71098	Interpretation	Alphanumeric		60570-9
71099	Participated in the Interpretation	Alphanumeric		No LOINC Needed
71100	Report electronically signed by	Alphanumeric		19139-5
71101	Addendum	Alphanumeric		35265-8
71102	Gross Description	Alphanumeric		22634-0
71446	Material Received	Alphanumeric		85298-8
71103	Disclaimer	Alphanumeric		62364-5
71827	Case Number	Alphanumeric		80398-1

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

Supplemental Report:

No

CPT Code Information:

- 85007 (if appropriate)
- 85060 (if appropriate)
- 85097 (if appropriate)
- 88305 (if appropriate)
- 88311 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
BMAPC	Bone Marrow Aspirate	1	85097	No	No, (Bill Only)
BMBPC	Bone Marrow Biopsy	1	88305	No	No, (Bill Only)
BMCPC	Bone Marrow Clot	1	88305	No	No, (Bill Only)
DCALP	Decalcification	1	88311	No	No, (Bill Only)

PBPC	Peripheral Blood	1	85060	No	No, (Bill Only)
PBTC	Peripheral Blood, TC	1	85007	No	No, (Bill Only)
PPPC	Particle Prep	1	88305	No	No, (Bill Only)

Reference Values:

An interpretive report will be provided.