

Reporting Title: T Cell Receptor Gene Rearrange, B
Performing Location: Rochester

Shipping Instructions:
Specimen must arrive within 7 days of collection.

Necessary Information:
Include relevant clinical information and cytogenetic results, if available.

Specimen Requirements:
Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: Yellow top (ACD)
Specimen Volume: 4 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot.**

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
Whole blood	Ambient (preferred)	7 days	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
18210	Final Diagnosis:	Alphanumeric		22637-3
608951	Signing Pathologist	Alphanumeric		19139-5

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

Supplemental Report:
No

CPT Code Information:
81340-TCB (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, PCR)
81342-TCG (T cell receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)

81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.
Positive, negative, or indeterminate for a clonal T-cell population