



# Test Definition: HOLDC

Hematologic Disorders, Chromosome Hold,  
Varies

## Overview

### Useful For

Holding the bone marrow or peripheral blood specimen in the laboratory but delaying chromosome analysis while preliminary morphologic assessment is in process

### Reflex Tests

| Test Id | Reporting Name                  | Available Separately | Always Performed |
|---------|---------------------------------|----------------------|------------------|
| CHRBM   | Chromosomes, Hematologic, BM    | Yes                  | No               |
| CHRHB   | Chromosomes, Hematologic, Blood | Yes                  | No               |
| _ML20   | Metaphases, 1-19                | No, (Bill Only)      | No               |
| _M25    | Metaphases, 20-25               | No, (Bill Only)      | No               |
| _MG25   | Metaphases, >25                 | No, (Bill Only)      | No               |
| _STAC   | Ag-Nor/CBL Stain                | No, (Bill Only)      | No               |

### Testing Algorithm

This test is designed to hold the specimen but delay chromosome preparation and analysis while preliminary morphologic assessment is in process.

Upon specimen receipt, the specimen will be held in the laboratory. Chromosome analysis will be performed unless the test is canceled (see **Hold policy**).

If the client notifies the laboratory that chromosome analysis is not necessary, this test will be reported as "Canceled." Chromosome analysis will not be performed but a processing fee will be charged.

If the client does not notify the laboratory that chromosome analysis is not needed (see **Hold policy**), this test will be reported as "Reflexed," and chromosome analysis will be performed. Depending on the specimen received, the appropriate reflex test will be performed. No processing fee will be assessed for this test as culture charges are included in the reflexed test.

**Hold policy:** The client **must** contact the Cytogenetics Laboratory at 800-533-1710 by 3 p.m. (Central time) no later than 2 business days after the specimen was collected to notify the lab **not** to proceed with chromosome analysis. If no notification is received by this time, chromosome analysis will be performed and charged. Weekend communication can be deferred until Monday.

### Method Name

Direct Preparation of Specimen

### NY State Available

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Yes

## Specimen

### Specimen Type

Varies

### Ordering Guidance

This test does not apply to any fluorescence in situ hybridization (FISH) assays. If specimen is to be held for FISH testing, order HOLDF / Hematologic Disorders, Fluorescence In Situ Hybridization (FISH) Hold, Varies.

For plasma cell proliferative disorders such as multiple myeloma, fluorescence in situ hybridization (FISH) studies will detect chromosome anomalies with prognostic significance much more often than conventional chromosome studies. The recommended test in this situation is PCPDS / Plasma Cell Proliferative Disorder, High-Risk with Reflex Probes, Diagnostic FISH Evaluation, Bone Marrow. Due to limited clinical utility, chromosome analysis is **not recommended** for plasma cell neoplasms.(1)

### Shipping Instructions

Advise Express Mail or equivalent if not sent via courier service.

### Necessary Information

Provide a reason for testing and bone marrow pathology report (if available) with each specimen. The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed.

### Specimen Required

**Submit only 1 of the following specimens:**

#### Preferred:

**Specimen Type:** Bone marrow

#### Container/Tube:

**Preferred:** Yellow top (ACD)

**Acceptable:** Green top (sodium heparin), lavender top (EDTA)

**Specimen Volume:** 1 to 2 mL

**Collection Instructions:** Invert several times to mix bone marrow.

#### Acceptable:

**Specimen Type:** Blood

#### Container/Tube:

**Preferred:** Yellow top (ACD)

**Acceptable:** Green top (sodium heparin), lavender top (EDTA)

**Specimen Volume:** 6 mL

**Collection Instructions:** Invert several times to mix blood.

**Forms**

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

**Specimen Minimum Volume**

Blood: 2 mL

Bone marrow: 1 mL

**Reject Due To**

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

**Specimen Stability Information**

| Specimen Type | Temperature         | Time | Special Container |
|---------------|---------------------|------|-------------------|
| Varies        | Ambient (preferred) |      |                   |
|               | Refrigerated        |      |                   |

**Clinical & Interpretive****Clinical Information**

Conventional chromosome analysis is the gold standard for identification of the common, recurrent chromosome abnormalities for most hematologic malignancies. Based on morphologic review of the bone marrow or peripheral blood specimen by a hematopathologist, a determination of additional appropriate testing can be made. If the specimen does not show evidence of malignancy, chromosome analysis may not be necessary. Depending on the diagnosis, fluorescence in situ hybridization assays may also be more informative.

**Reference Values**

Not applicable

**Interpretation**

If notified by the client, this test may be canceled, and a processing fee assessed.

If no notification to cancel testing is received, this test will be reported as "reflexed for chromosome analysis" and depending on the specimen received, CHRBM / Chromosome Analysis, Hematologic Disorders, Bone Marrow or CHRHB / Chromosome Analysis, Hematologic Disorders, Blood will be performed, and an interpretive report provided.

**Cautions**

No significant cautionary statements

**Clinical Reference**

1. Mellors PW, Binder M, Ketterling RH, et al. Metaphase cytogenetics and plasma cell proliferation index for risk stratification in newly diagnosed multiple myeloma. *Blood Adv.* 2020;4(10):2236-2244

**Performance****Method Description**

The specimen will be held in the laboratory while preliminary morphologic assessment is in process to determine if chromosome analysis is appropriate. If needed, cell culture and chromosome analysis will be performed.

**PDF Report**

No

**Day(s) Performed**

Monday through Sunday

**Report Available**

7 to 10 days

**Specimen Retention Time**

4 weeks

**Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Main Campus

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

Not Applicable

**CPT Code Information**

See Individual Components

**LOINC® Information**

| Test ID | Test Order Name            | Order LOINC® Value |
|---------|----------------------------|--------------------|
| HOLDC   | Heme Chromosome Hold, B/BM | No LOINC Needed    |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|------------------|---------------------|
| 52290     | Result Summary   | 50397-9             |
| 52292     | Interpretation   | 69965-2             |

## Test Definition: HOLDC

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Varies

|       |                        |         |
|-------|------------------------|---------|
| CG763 | Reason for Referral    | 42349-1 |
| CG764 | Specimen               | 31208-2 |
| 52293 | Source                 | 31208-2 |
| 55267 | Requested FISH Test    | 48767-8 |
| 52295 | Method                 | 85069-3 |
| 54639 | Additional Information | 48767-8 |
| 52296 | Released by            | 18771-6 |