
Reporting Title: COG, AML, FISH**Performing Location:** Rochester**Ordering Guidance:**

This test is only performed on specimens from pediatric patients being considered for enrollment in a Children's Oncology Group (COG) protocol. If this test is ordered and the laboratory is informed that the patient is not on a Children's Oncology Group (COG) protocol, this test will be canceled and automatically reordered by the laboratory as AMLPF / Acute Myeloid Leukemia (AML), FISH, Pediatric, Varies.

For children in whom disease relapse or a secondary myeloid neoplasm is a concern and enrollment in a new COG protocol is being considered; order COGBM / Chromosome Analysis, Hematologic Disorders, Children's Oncology Group Enrollment Testing, Bone Marrow.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

1. A reason for testing, a flow cytometry and/or a bone marrow pathology report, and a Children's Oncology Group (COG) registration number and protocol number should be submitted 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. If this information is not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.
2. If a patient has received an opposite sex bone marrow transplant prior to specimen collection for this protocol, note this information on the request.

Specimen Requirements:

Submit only 1 of the following specimens:

Preferred:

Specimen Type: Bone marrow

Container/Tube:

Preferred: Yellow top (ACD)

Acceptable: Green top (heparin) or lavender top (EDTA)

Specimen Volume: 2 to 3 mL

Collection Instructions:

1. It is preferable to send the first aspirate from the bone marrow collection.
2. Invert several times to mix bone marrow.

Acceptable:

Specimen Type: Blood

Container/Tube:

Preferred: Yellow top (ACD)

Acceptable: Green top (heparin) or lavender top (EDTA)

Specimen Volume: 6 mL

Collection Instructions: Invert several times to mix blood.

Specimen Minimum Volume:

Blood: 2 mL

Bone Marrow: 1 mL

Forms:

If not ordering electronically, complete, print, and send a Children's Oncology Group Test Request (T829) with the specimen.

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
COGMF	GC014	Specimen: <ul style="list-style-type: none">• Whole blood ACD• Bone marrow ACD• Whole blood Na Hep• Bone marrow Na Hep• Whole blood EDTA• Bone marrow EDTA	Answer List	Yes
COGMF	GC013	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
602276	Result Summary	Alphanumeric		50397-9
602277	Interpretation	Alphanumeric		69965-2
602278	Result Table	Alphanumeric		93356-4
602279	Result	Alphanumeric		62356-1
GC013	Reason for Referral	Alphanumeric		42349-1
GC014	Specimen	Alphanumeric		31208-2

Result ID	Reporting Name	Type	Unit	LOINC®
602281	Source	Alphanumeric		31208-2
602282	Method	Alphanumeric		85069-3
602283	Additional Information	Alphanumeric		48767-8
602284	Disclaimer	Alphanumeric		62364-5
602285	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271 x 2, 88275, 88291-FISH Probe, Analysis, Interpretation; 1 probe set
88271 x 2, 88275-FISH Probe, Analysis; each additional probe set (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
COGMB	Probe, Each Additional (COGMF)			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.