
Reporting Title: COG, ALL (T-cell), 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 COG protocol, this test will be canceled and automatically reordered by the laboratory as TALPF / T-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), FISH, Pediatric Varies.

At follow-up, conventional cytogenetic studies (CHRBM / Chromosome Analysis, Hematologic Disorders, Bone Marrow) and targeted T-ALL FISH probes can be evaluated based on the abnormalities identified in the diagnostic study. Order TALMF / T-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), Specified FISH, Varies and request specific probes or abnormalities.

If the patient clinically relapses, a conventional chromosome study is useful to identify cytogenetic changes in the neoplastic clone or the possible emergence of a new therapy-related myeloid clone.

For patients with T-cell lymphoma, order TLPDF / T-Cell Lymphoma, Diagnostic FISH, Varies.

For testing paraffin-embedded tissue samples from patients with T-cell lymphoblastic lymphoma, order TLBLF / T-Lymphoblastic Leukemia/Lymphoma, FISH, Tissue.

Additional Testing Requirements:

At diagnosis, conventional cytogenetic studies (COGBM / Chromosome Analysis, Hematologic Disorders, Children's Oncology Group Enrollment Testing, Bone Marrow) and this panel should be performed. If there is limited specimen available, only this test will be performed.

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 the patient has received an opposite sex bone marrow transplant, 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
COGTF	GC016	Reason for Referral	Plain Text	Yes
COGTF	GC017	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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
602286	Result Summary	Alphanumeric		50397-9
602287	Interpretation	Alphanumeric		69965-2
602288	Result Table	Alphanumeric		93356-4
602289	Result	Alphanumeric		62356-1
GC016	Reason for Referral	Alphanumeric		42349-1
GC017	Specimen	Alphanumeric		31208-2
602291	Source	Alphanumeric		31208-2
602292	Method	Alphanumeric		85069-3
602293	Additional Information	Alphanumeric		48767-8
602294	Disclaimer	Alphanumeric		62364-5
602295	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271 x2, 88275 x1, 88291 x1- FISH Probe, Analysis, Interpretation; 1 probe set
88271 x2, 88275x1 - FISH Probe, Analysis; each additional probe set (if appropriate)

Reflex Tests:

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

Reference Values:

An interpretive report will be provided.