
Reporting Title: COG-Chromosomes, Hematologic, BM**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. For all other patients, order CHRBM / Chromosome Analysis, Hematologic Disorders, Bone Marrow.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

1. A reason for referral, 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.
2. If a child enrolled in the COG protocol has received an opposite sex bone marrow transplant prior to specimen collection, note this information on the request.
3. To ensure the best interpretation, it is important to provide some clinical information to verify the appropriate type of cytogenetic study is performed.

Specimen Requirements:

Specimen Type: Bone marrow

Container/Tube:

Preferred: Yellow top (ACD)

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

Specimen Volume: 4 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.

Specimen Minimum Volume:

2 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
Bone Marrow	Ambient (preferred)		
	Refrigerated		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
COGBM	GC022	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
602306	Result Summary	Alphanumeric		50397-9
602307	Interpretation	Alphanumeric		69965-2
602308	Result	Alphanumeric		62356-1
GC022	Reason for Referral	Alphanumeric		42349-1
602309	Specimen	Alphanumeric		31208-2
602310	Source	Alphanumeric		31208-2
602311	Method	Alphanumeric		85069-3
602312	Banding Method	Alphanumeric		62359-5
602313	Additional Information	Alphanumeric		48767-8
602314	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88237, 88291-Tissue culture for neoplastic disorders; bone marrow, blood, Interpretation and report
 88264 w/ modifier 52-Chromosome analysis with less than 20 cells (if appropriate)
 88264-Chromosome analysis with 20 to 25 cells (if appropriate)
 88264, 88285-Chromosome analysis with greater than 25 cells (if appropriate)
 88283-Additional specialized banding technique (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
ML20C	COG Metaphases, 1-19			No	No (Bill Only)
M25C	COG Metaphases, 20-25			No	No (Bill Only)
MG25C	COG Metaphases, >25			No	No (Bill Only)
_STAC	Ag-Nor/CBL Stain			No	No (Bill Only)

Reference Values:

An interpretative report will be provided.