
Reporting Title: T Cell Receptor Gene Rearrange, BM**Performing Location:** Rochester**Shipping Instructions:**

Specimen must arrive within 7 days of collection.

Necessary Information:

Include relevant clinical information and cytogenetics results, if available.

Specimen Requirements:

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD)

Specimen Volume: 2 mL

Collection Instructions:

1. Invert several times to mix bone marrow.
2. Send bone marrow specimen in original tube. Do not aliquot.

Specimen Minimum Volume:

1 mL

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 |
|---------------|---------------------|--------|-------------------|
| Bone Marrow | Ambient (preferred) | 7 days | |
| | Refrigerated | 7 days | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|---------------------|--------------|------|---------|
| 19957 | Final Diagnosis: | Alphanumeric | | 22637-3 |
| 608952 | 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