
Reporting Title: T Cell Receptor Gene Rearrange, V
Performing Location: Rochester

Shipping Instructions:

Body fluid or spinal fluid specimens must arrive within 4 days of collection.

Specimen Requirements:

Submit only 1 of the following specimens:

Specimen Type: Body fluid

Container/Tube: Sterile container

Specimen Volume: At least 5 mL

Collection Instructions:

1. If the volume is large, pellet cells prior to sending.
2. Send less volume at ambient temperature or as a frozen cell pellet.

Specimen Stability Information:

Body fluid: Ambient 4 days/Refrigerated/Frozen

Cell pellet: Frozen

Specimen Type: Paraffin-embedded bone marrow aspirate clot

Container/Tube: Paraffin block

Specimen Stability Information: Ambient

Specimen Type: Frozen tissue

Container/Tube: Plastic container

Specimen Volume: 100 mg

Collection Instructions: Freeze tissue within 1 hour of collection.

Specimen Stability Information: Frozen

Specimen Type: Paraffin-embedded tissue

Container/Tube: Paraffin block

Specimen Stability Information: Ambient

Specimen Type: Tissue slides

Container/Tube: Unstained tissue slides

Specimen Volume: 10 slides

Specimen Stability: Ambient

Specimen Type: Spinal fluid

Container/Tube: Sterile vial

Specimen Volume: 5 to 10 mL

Specimen Stability Information: Ambient 4 days/Refrigerated

Specimen Type: Extracted DNA

Container/Tube: 1.5- to 2-mL tube with indication of volume and concentration of DNA

Specimen Volume: Entire specimen

Collection Instructions:

1. Label specimen as extracted DNA and source of specimen
 2. Indicate volume and concentration of DNA on label
- Specimen Stability Information: Refrigerated/Ambient

Specimen Minimum Volume:

Body fluid or Spinal fluid: 1 mL

Tissue: 50 mg

Extracted DNA: 50 microliters at 20 ng/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
Varies	Varies		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
TCGRV	MP016	Specimen:	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
19936	Final Diagnosis:	Alphanumeric		22637-3
MP016	Specimen:	Alphanumeric		31208-2
608953	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