
Reporting Title: Chromosomes, Hematologic, BM**Performing Location:** Rochester**Ordering Guidance:**

Chromosome analysis is not recommended for plasma cell neoplasms due to limited clinical utility.(1) If this test and a plasma cell FISH test (PCPDS / Plasma Cell Proliferative Disorder, High-Risk with Reflex Probes, Diagnostic FISH Evaluation, Bone Marrow; MSMRT / Mayo Algorithmic Approach for Stratification of Myeloma and Risk-Adapted Therapy Report, Bone Marrow; or MFCDF / Myeloma High Risk with Reflex Probes, Diagnostic FISH Evaluation, Fixed Cell Pellet) are ordered concurrently, this test will be canceled. If a secondary myeloid neoplasm is suspected and both this test and a plasma cell FISH (PCPDS/MSMRT/MFCDF) are needed, contact the Cytogenetics Communication Team at 800-533-1710 before sending the specimen.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

1. A reason for testing 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. A pathology and/or flow cytometry report may be requested by the laboratory to optimize testing and aid in interpretation of results.

Specimen Requirements:

Container/Tube:

Preferred: Yellow top (ACD)

Acceptable: Green top (sodium 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.

Specimen Minimum Volume:

See Specimen Required

Forms:

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)		
	Refrigerated		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CHRBM	CG774	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52358	Result Summary	Alphanumeric		50397-9
52360	Interpretation	Alphanumeric		69965-2
52359	Result	Alphanumeric		33893-9
CG774	Reason for Referral	Alphanumeric		42349-1
52361	Specimen	Alphanumeric		31208-2
52362	Source	Alphanumeric		31208-2
52364	Method	Alphanumeric		85069-3
52363	Banding Method	Alphanumeric		62359-5
54629	Additional Information	Alphanumeric		48767-8
52365	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
_ML20	Metaphases, 1-19			No	No (Bill Only)
_M25	Metaphases, 20-25			No	No (Bill Only)
_MG25	Metaphases, >25			No	No (Bill Only)
_STAC	Ag-Nor/CBL Stain			No	No (Bill Only)

Reference Values:

An interpretative report will be provided.