

Reporting Title: Bone Marrow MUM-1/IRF4 IHC, T Only**Performing Location:** Rochester**Ordering Guidance:**

This test includes only technical performance of the stain (no pathologist interpretation is performed). If diagnostic consultation by a pathologist is required order PATHC / Pathology Consultation.

Shipping Instructions:

Attach the green pathology address label and the pink Immunostain Technical Only label included in the kit to the outside of the transport container.

Specimen Requirements:

Supplies: Immunostain Technical Only Envelope (T693)

Specimen Type: Tissue

Container/Tube: Immunostain Technical Only Envelope

Preferred: 2 Unstained positively charged glass slides (25- x 75- x 1-mm) per test ordered; sections 4-microns thick; B5 fixed, decalcified, paraffin-embedded bone marrow tissue

Acceptable: B5 fixed, decalcified, paraffin-embedded bone marrow tissue block

Forms:

If not ordering electronically, complete, print, and send a Immunohistochemical (IHC)/In Situ Hybridization (ISH) Stains Request (T763) with the specimen.

Specimen Type	Temperature	Time	Special Container
TECHONLY	Ambient (preferred)		
	Refrigerated		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
603218	Bone Marrow MUM-1/IRF4 IHC, T Only	Alphanumeric		Bill only; no re

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88342-TC, primary
88341-TC, if additional IHC

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
IHTOI	IHC Initial, Tech Only			No	No
IHTOA	IHC Additional, Tech Only			No	No