
Reporting Title: B-cell Lymphoma, Specified FISH**Performing Location:** Rochester**Ordering Guidance:**

This test should only be ordered if the sample is known to have a sufficient clonal B-cell population. If a flow cytometry result is available and does not identify a sufficient clonal B-cell population, this test order will be canceled, and no charges will be incurred.

If either the break-apart MYC or the MYC/IGH D-FISH probe sets are requested in isolation, both probe sets will be performed concurrently to optimize the detection of MYC rearrangements.

This assay detects chromosome abnormalities observed in blood or bone marrow samples of patients with B-cell lymphoma. If a paraffin-embedded tissue specimen is submitted, the test will be canceled and BLYM / B-Cell Lymphoma, FISH, Tissue will be added and performed as the appropriate test.

For patients with B-cell acute lymphoblastic leukemia/lymphoma (B-ALL/LBL), order either BALAF / B-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), FISH, Adult, Varies or BALPF / B-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), FISH, Pediatric, Varies, depending on the age of the patient.

For testing paraffin-embedded tissue samples from patients with B-cell lymphoblastic Lymphoma, see BLBLF / B-Cell Lymphoblastic Leukemia/Lymphoma, FISH, Tissue.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

1. A list of probes requested for analysis is required. Probes available for this test are listed in the Testing Algorithm section.
2. A reason for testing and a flow cytometry and/or a bone marrow pathology report should be sent with each specimen. The laboratory will not reject testing if this information is not provided, however appropriate testing and/or interpretation may be compromised or delayed in some instances. If this information is not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.

Specimen Requirements:

Submit only 1 of the following specimens:

Preferred:

Specimen Type: Bone marrow

Container/Tube:

Preferred: Yellow top (ACD)

Acceptable: Green top (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.
3. Send bone marrow in original tube. Do not aliquot.

Acceptable:

Specimen Type: Blood

Container/Tube:

Preferred: Yellow top (ACD)

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

Specimen Volume: 6 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send whole blood in original tube. Do not aliquot.

Specimen Minimum Volume:

Blood: 2 mL

Bone Marrow: 1 mL

Forms:

If not ordering electronically, complete, print, and send a Hematopathology/Cytogenetics Test Request (T726) with the specimen.

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
BLPMF	GC105	Reason for Referral	Plain Text	Yes
BLPMF	GC106	Probes Requested	Plain Text	Yes
BLPMF	GC107	Specimen: <ul style="list-style-type: none">• Whole blood ACD• Bone marrow ACD• Whole blood Na Hep• Bone marrow Na Hep• Whole blood EDTA• Bone marrow EDTA	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
614229	Result Summary	Alphanumeric		50397-9
614230	Interpretation	Alphanumeric		69965-2
614231	Result Table	Alphanumeric		93356-4
614232	Result	Alphanumeric		62356-1
GC105	Reason for Referral	Alphanumeric		42349-1
GC106	Probes Requested	Alphanumeric		78040-3
GC107	Specimen	Alphanumeric		31208-2
614233	Source	Alphanumeric		31208-2
614234	Method	Alphanumeric		31208-2
614235	Additional Information	Alphanumeric		48767-8
614236	Disclaimer	Alphanumeric		62364-5
614237	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271 x 2, 88275, 88291-FISH Probe, Analysis, Interpretation; 1 probe set
88271 x 2, 88275-FISH Probe, Analysis; each additional probe set (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
BLPMB	Probe, Each Additional (BLPMF)			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.