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**Reporting Title:** ALL (T-cell), Specified FISH

**Performing Location:** Rochester

**Ordering Guidance:**

This test is intended for instances when limited T-cell acute lymphoblastic leukemia (ALL) fluorescence in situ hybridization (FISH) probes are needed. The FISH probes to be analyzed must be specified on the request, otherwise test processing may be delayed in order to determine intended analysis.

-For an adult patient, if the entire T-cell ALL FISH panel is preferred, order TALAF / T-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), FISH, Adult, Varies.

-For a pediatric patient, if the entire T-cell ALL FISH panel is desired, order TALPF / T-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), FISH, Pediatric, Varies.

-If this test is ordered and the laboratory is informed that the patient is on a Children's Oncology Group (COG) protocol, this test will be canceled and automatically reordered by the laboratory as COGTF / T-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), Children's Oncology Group Enrollment Testing, FISH, Varies.

If the patient clinically relapses, a conventional chromosome study is useful to identify cytogenetic changes in the neoplastic clone or the possible emergence of a new therapy-related myeloid clone.

At diagnosis, conventional cytogenetic studies (CHRBM / Chromosome Analysis, Hematologic Disorders, Bone Marrow) and a complete TALAF / T-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), FISH, Adult, Varies or TALPF / T-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), FISH, Pediatric, Varies should be performed, depending on patient's age.

For patients with T-cell lymphoma, order TLPDF / T-Cell Lymphoma, Diagnostic FISH, Varies.

For testing paraffin-embedded tissue samples from patients with T-lymphoblastic lymphoma, order TLBLF / T-Cell Lymphoblastic Leukemia/Lymphoma, FISH, Tissue. If a paraffin-embedded tissue sample is submitted for this test, this test will be canceled and TLBLF will be added and performed as the appropriate test.

**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 submitted 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 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 specimen 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 specimen 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 |
|---------|-------------|---------------------|------------|------------|
| TALMF   | GC134       | Reason for Referral | Plain Text | Yes        |
| TALMF   | GC135       | Probes Requested    | Plain Text | Yes        |



| Test ID | Question ID | Description   | Type        | Reportable |
|---------|-------------|---|-------------|------------|
| TALMF   | GC136       | Specimen: <ul style="list-style-type: none"><li>• Whole blood ACD</li><li>• Bone marrow ACD</li><li>• Whole blood Na Hep</li><li>• Bone marrow Na Hep</li><li>• Whole blood EDTA</li><li>• Bone marrow EDTA</li></ul> | Answer List | Yes        |

**Result Codes:**

| Result ID | Reporting Name         | Type         | Unit | LOINC®  |
|-----------|------------------------|--------------|------|---------|
| 614325    | Result Summary         | Alphanumeric |      | 50397-9 |
| 614326    | Interpretation         | Alphanumeric |      | 69965-2 |
| 614327    | Result Table           | Alphanumeric |      | 93356-4 |
| 614328    | Result                 | Alphanumeric |      | 62356-1 |
| GC134     | Reason for Referral    | Alphanumeric |      | 42349-1 |
| GC135     | Probes Requested       | Alphanumeric |      | 78040-3 |
| GC136     | Specimen               | Alphanumeric |      | 31208-2 |
| 614329    | Source                 | Alphanumeric |      | 31208-2 |
| 614330    | Method                 | Alphanumeric |      | 85069-3 |
| 614331    | Additional Information | Alphanumeric |      | 48767-8 |
| 614332    | Disclaimer             | Alphanumeric |      | 62364-5 |
| 614333    | Released By            | Alphanumeric |      | 18771-6 |

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

88271x2, 88275x1, 88291x1-FISH Probe, Analysis, Interpretation; 1 probe set  
88271x2, 88275x1 - FISH Probe, Analysis; each additional probe set (if appropriate)



Reflex Tests:

| Test ID | Reporting Name                 | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|--------------------------------|-----------|----------|------------------|----------------------|
| TALMB   | Probe, Each Additional (TALMF) |           |          | No               | No (Bill Only)       |

Reference Values:

An interpretive report will be provided.