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**Reporting Title:** T-cell Lymphoma B/BM, Diag FISH**Performing Location:** Rochester**Ordering Guidance:**

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

This test is intended for instances when a non-specific T-cell lymphoma fluorescence in situ hybridization (FISH) panel is needed. This test should NOT be used to screen for residual T-cell lymphoma.

If limited T-cell lymphoma FISH probes are preferred, order TLPMF / T-Cell Lymphoma, Specified FISH, Varies, and request specific probes for targeted abnormalities.

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

For patients with T-cell acute lymphoblastic leukemia/lymphoma (T-ALL/LBL), order either TALAF / T-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), FISH, Adult, Varies or TALPF / T-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 T-cell lymphoblastic Lymphoma, see TLBLF / T-Cell Lymphoblastic Leukemia/Lymphoma, FISH, Tissue.

**Shipping Instructions:**

Advise Express Mail or equivalent if not on courier service.

**Necessary Information:**

1. A reason for testing must be provided. If this information is not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.
2. 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, but appropriate testing and interpretation may be compromised or delayed.

**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: 2-3 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: Whole 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:**

Bone marrow: 1 mL; Whole blood: 2 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
TLPDF	GC138	Reason for Referral	Plain Text	Yes
TLPDF	GC139	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®
614337	Result Summary	Alphanumeric		50397-9
614338	Interpretation	Alphanumeric		69965-2
614339	Result Table	Alphanumeric		93356-4
614340	Result	Alphanumeric		62356-1
GC138	Reason for Referral	Alphanumeric		42349-1
GC139	Specimen	Alphanumeric		31208-2
614341	Source	Alphanumeric		31208-2
614342	Method	Alphanumeric		85069-3
614343	Additional Information	Alphanumeric		48767-8
614344	Disclaimer	Alphanumeric		62364-5
614345	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

88271 x6, 88275 x3, 88291 x1- FISH Probe, Analysis, Interpretation; 3 probe set  
88271 x2, 88275 x1 - FISH Probe, Analysis; each additional probe set (if appropriate)

**Reflex Tests:**

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

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**Reference Values:**

An interpretive report will be provided.