
Reporting Title: T-cell Lymphoma B/BM, Spec 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.

This test is intended for instances when targeted T-cell lymphoma fluorescence in situ hybridization (FISH) probes are needed based on a specific abnormality or abnormalities identified in the diagnostic sample. If targeted FISH probes are not included with this test order, test processing may be delayed and the test may be canceled by the laboratory and automatically reordered by the laboratory as TLPDF / T-Cell Lymphoma, Diagnostic FISH, Varies.

If the entire T-cell lymphoma panel is preferred, order TLPDF / T-Cell Lymphoma, Diagnostic FISH, Varies.

This test should NOT be used to screen for residual T-cell lymphoma.

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, 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-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 must be provided. If this information is not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.
3. 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
TLPMF	GC141	Reason for Referral	Plain Text	Yes
TLPMF	GC142	Probes Requested	Plain Text	Yes

Test ID	Question ID	Description	Type	Reportable
TLPMF	GC143	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®
614348	Result Summary	Alphanumeric		50397-9
614349	Interpretation	Alphanumeric		69965-2
614350	Result Table	Alphanumeric		93356-4
614351	Result	Alphanumeric		62356-1
GC141	Reason for Referral	Alphanumeric		42349-1
GC142	Probes Requested	Alphanumeric		78040-3
GC143	Specimen	Alphanumeric		31208-2
614352	Source	Alphanumeric		31208-2
614353	Method	Alphanumeric		85069-3
614354	Additional Information	Alphanumeric		48767-8
614355	Disclaimer	Alphanumeric		62364-5
614356	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271x2, 88275 x1, 88291x1- FISH Probe, Analysis, Interpretation; 1 probe set
88271x2, 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
TLPMB	Probe, Each Additional (TLPMF)			No	No

Reference Values:

An interpretive report will be provided.