

**Reporting Title:** Comprehensive NGS Myeloid, BM**Performing Location:** Jacksonville**Necessary Information:**

A reason for testing and a bone marrow pathology report are requested 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:**

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD A or B)

Specimen Volume: 4 mL

Collection Instructions:

1. Invert several times to mix bone marrow.
2. Send bone marrow in original tube. Do not aliquot.

**Specimen Minimum Volume:**

1 mL

Specimen Type	Temperature	Time	Special Container
Bone Marrow	Refrigerated (preferred)	72 hours	
	Ambient	72 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
620042	Specimen Type	Alphanumeric		31208-2
620043	Indication for Test	Alphanumeric		42349-1
620054	Pathogenic Mutations Detected	Alphanumeric		82939-0
620045	Interpretation	Alphanumeric		59465-5
620046	Clinical Trials	Alphanumeric		82786-5
620047	Variants of Unknown Significance	Alphanumeric		93367-1
620048	Additional Notes	Alphanumeric		48767-8

Result ID	Reporting Name	Type	Unit	LOINC®
620049	Method Summary	Alphanumeric		85069-3
620050	Disclaimer	Alphanumeric		62364-5
620055	Panel Gene List	Alphanumeric		36908-2
620051	Signing Pathologist	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

81455

**Reference Values:**

An interpretive report will be provided.