

---

**Reporting Title:** T Cell Receptor Gene Rearrange, B  
**Performing Location:** Rochester

**Shipping Instructions:**

Specimen must arrive within 7 days of collection.

**Necessary Information:**

Include relevant clinical information and cytogenetic results, if available.

**Specimen Requirements:**

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD)

Specimen Volume: 4 mL

Collection Instructions:

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

**Specimen Minimum Volume:**

1 mL

**Forms:**

1. Hematopathology Patient Information (T676)
2. If not ordering electronically, complete, print, and send a Hematopathology/Cytogenetics Test Request (T726) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)	7 days	
	Refrigerated	7 days	

---

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
18210	Final Diagnosis:	Alphanumeric		22637-3
608951	Signing Pathologist	Alphanumeric		19139-5

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**  
No**CPT Code Information:**

81340-TCB (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, PCR)  
81342-TCG (T cell receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)  
81479 (if appropriate for government payers)

**Reference Values:**

An interpretive report will be provided.  
Positive, negative, or indeterminate for a clonal T-cell population