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**Reporting Title:** Immunoglobulin Gene Rearrange, B  
**Performing Location:** Rochester**Shipping Instructions:**

Specimen must arrive within 7 days of collection.

**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®
18229	Final Diagnosis:	Alphanumeric		34574-4
608948	Signing Pathologist	Alphanumeric		19139-5

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

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**CPT Code Information:**

81261-IGH (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas B-cell), gene rearrangement analysis to detect abnormal clonal populations; amplified methodology (eg, polymerase chain reaction)

81264-IGK (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell) gene rearrangement analysis, evaluation to detect abnormal clonal populations

81479 (if appropriate for government payers)

**Reference Values:**

An interpretive report will be provided.