Test Definition: CHRGB

Chimerism-Recipient Germline (Pretransplant), Varies

Reporting Title: Chimerism-Recipient Germline
Performing Location: Rochester

Ordering Guidance:

This test is for the pre-bone marrow transplant evaluation of the recipient specimen.

Shipping Instructions:

1. Specimen must arrive within 7 days of collection.
2. Collect and package specimen as close to shipping time as possible.

Necessary Information:

The following information is required. Provide either as answers to the Order Questions or on Chimerism Analysis Information (T594) if not ordering electronically. Testing will be delayed if this information is not provided:
Donor:
-Full name and date of birth (DOB)
-If unrelated donor, provide full identification number and date of birth (DOB). If DOB is not provided, an arbitrary date such as 01/01/2020 can be used.
Specimen type

Specimen Requirements:

Submit only 1 of the following specimens:

Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: Yellow top (ACD)
Specimen Volume: 4 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Label specimen as blood.
3. Send whole blood specimen in original tube. Do not aliquot.

Specimen Type: Bone marrow
Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: Yellow top (ACD)
Specimen Volume: 2 mL
Collection Instructions:
1. Invert several times to mix bone marrow.
2. Label specimen as bone marrow.
3. Send bone marrow specimen in original tube. Do not aliquot.

Specimen Type: Extracted DNA from blood or bone marrow
Container/Tube: 1.5- to 2-mL tube

Specimen Volume: Entire specimen
Collection Instructions:
1. Label specimen as extracted DNA from blood or bone marrow
2. Indicate volume and concentration of the DNA

Specimen Type: Buccal swab
Supplies: Buccal Swab Kit (T543)
Container/Tube: Buccal smear collection kit
Specimen Volume: 2 Cyto-Pak brushes-1 per cheek
Collection Instructions:
1. Patient should rinse out mouth vigorously with mouthwash for approximately 15 seconds.
2. Remove Cyto-Pak brush from container only touching "stick" end. Save container.
3. Using medium pressure, rotate brush several times on inside of cheek.
4. Return brush to container and cap.
5. Repeat steps 2 through 4 on other cheek using second brush.
6. It is important that patient's buccal cells are not contaminated with cells from any other source. Do not touch bristles. Do not brush too vigorously. If blood appears, discard brush and restart collection process.
7. Label each container with patient's name and order number or hospital/clinic number.
Additional Information: It is important that the cells do not dry out during shipping. Ensure that container is tightly sealed.

Specimen Minimum Volume:
Whole blood: 3 mL
Bone marrow/buccal swab: See Specimen Required
Extracted DNA from blood or bone marrow: 50 microliters at 20 ng/microliter
Lesser volumes may be acceptable, depending on white cell count.
Call 800-533-1710 or 507-266-5700 with questions.

Forms:
1. Chimerism Analysis Information Sheet (T594)
2. 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)	7 days	
	Refrigerated	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CHRGB	MP007	Donor	Plain Text	Yes
CHRGB	MP014	Specimen Type: • Buccal Swab • EDTA blood • EDTA bone marrow • Extracted DNA	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
MP007	Donor	Alphanumeric		44780-5
MP014	Specimen Type	Alphanumeric		31208-2
83186	Chimerism-Recipient Germline	Alphanumeric		No LOINC Needed

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:

81265-Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing or maternal cell contamination of fetal cells)

Reference Values:

An interpretive report will be provided.