

Reporting Title: CLL, FISH

Performing Location: Rochester

Specimen Requirements:

Provide a reason for referral 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.

Forms:

1. Cytogenetics Hematologic FISH Panel Patient Information Sheet (Supply T603) in Special Instructions
2. If not ordering electronically, complete, print, and send a Hematopathology/Cytogenetics Test Request Form (T726) with the specimen
(www.mayomedicallaboratories.com/media/customer-service/forms/hematopathology-request-form.pdf).

Advise Express Mail or equivalent if not on courier service.

Submit only 1 of the following specimens:

Specimen Type: Blood

Container/Tube: Green top (sodium heparin)

Specimen Volume: 7-10 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Other anticoagulants are not recommended and are harmful to the viability of the cells.

Specimen Type: Bone marrow

Container/Tube: Green top (sodium heparin)

Specimen Volume: 1-2 mL

Collection Instructions:

1. Invert several times to mix bone marrow.
2. Other anticoagulants are not recommended and are harmful to the viability of the cells.

Specimen Type	Temperature	Time
Varies	Ambient (preferred)	
	Refrigerated	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CLLF	CG686	Specimen	Plain Text	Yes
CLLF	CG687	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
51906	Result Summary	Alphanumeric		In Process
51908	Interpretation	Alphanumeric		In Process
51907	Result Table	Alphanumeric		In Process
54547	Result	Alphanumeric		In Process
CG686	Reason for Referral	Alphanumeric		42349-1
CG687	Specimen	Alphanumeric		N/A
51909	Source	Alphanumeric		31208-2
51910	Method	Alphanumeric		49549-9
55114	Additional Information	Alphanumeric		8251-1
53866	Disclaimer	Alphanumeric		In Process
51911	Released By	Alphanumeric		N/A

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

CPT Code: 1 × 88291

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
_PB1	Probe Set, 1st	2	88271	No	No (Bill Only)
_PBCT	Probe, +2	2	88271	No	No (Bill Only)
_PADD	Probe, +1	1	88271	No	No (Bill Only)
_PB02	Probe, +2	1	88271	No	No (Bill Only)
_PB03	Probe, +3	3	88271	No	No (Bill Only)

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
_IL25	Interphases,	1	88274	No	No (Bill Only)
_I099	Interphases, 25-99	1	88274	No	No (Bill Only)
_I300	Interphases, >=100	1	88275	No	No (Bill Only)

Reference Values:

An interpretive report will be provided.