
Reporting Title: Hematopathology Consult

Performing Location Rochester

Ordering Guidance:

Prior laboratory approval is required to order this test. Contact Mayo Clinic Laboratories at 800-533-1710.

1. If requesting a peripheral blood smear evaluation only, order SPSM / Morphology Evaluation (Special Smear), Blood.
2. If requesting a hematopathology consultation on paraffin-embedded tissue and slides, order PATHC / Pathology Consultation. Also include a cover letter indicating hematopathology review requested.
3. If requesting a hematopathology consultation and only paraffin-embedded biopsy/clot samples and bone marrow aspirate are submitted, order HPCUT / Hematopathology Consultation, Client Embed.

Additional Testing Requirements:

Necessary Information:

1. Collection date and patient date of birth are required.
2. The referring pathologist's and clinician's name and phone numbers are required.
3. A brief history (recent clinical note is preferred), patient information, and recent complete blood cell count results (within 14 days of bone marrow specimen) are required.
4. A complete pathology report is not expected. See [Hematopathology Patient Information](#) (T676) to provide patient information.
5. All specimens must be labeled with specimen type.
6. All specimens (bone marrow core biopsy, bone marrow aspirate clot, bone marrow aspirate, peripheral blood smears, and bone marrow aspirate slides), patient history, and requests should be clearly labeled with correct patient information and case number.
7. All pending and final reports for ancillary testing on above specimens.

Specimen Requirements:

Multiple specimens are required to perform testing.

Submit each of the following (additional information below):

1. Unprocessed bone marrow core biopsy and/or clot
2. Three bone marrow biopsy touch prep slides
3. Bone marrow aspirate
 - Fresh, unfixed, unstained slides:
 - Two direct prep
 - Three unit prep
 - Liquid (order of collection):
 - Lavender top (EDTA): 3 mL
 - Yellow top (ACD): 6 mL
4. Two unstained peripheral blood smears (fingerstick preferred)

Information on collecting, packaging, and shipping specimens is available:

[-Bone Marrow Core Biopsy, Clot, and Aspirate Collection Guideline](#)

[-Assistance with Bone Marrow Collection](#)

Supplies: Bone Marrow Collection Kit (T793)

Specimen Type: Bone marrow aspirate slides

Container/Tube: Transport in plastic slide holders

Preferred: Fresh prep slides made at the time of sample collection

Acceptable: Slides made from anticoagulated sample

Collection Instructions:

1. Prepare slides of bone marrow aspirate immediately after collection or prepare slides from bone marrow aspirate in EDTA within 2 hours of collection.
2. If bone marrow units are sparse or absent or aspirate is a dry tap, make biopsy touch prep slides.
3. [Make 2 good direct smears and 3 good unit preps, per unilateral collection.](#)
4. Air dry slides.
5. Send 5 slides unfixed/unstained.
6. Place Parafilm around the slide carriers holding unstained slides to prevent exposure to formalin fumes during transport and place slides in a separate bag apart from any formalin-fixed clot or core biopsy specimens during transport. If using slide carriers, make sure they have not been used to carry fixed slides previously.

Specimen Type: Bone marrow aspirate in anticoagulant for possible ancillary testing

Container/Tube: Lavender top (EDTA) and yellow top (ACD)

Specimen Volume: 2 x 3 mL in EDTA and 2 x 6 mL in ACD

Collection Instructions:

1. Aspirate per standard bone marrow collection procedure.
2. Send specimens in original tubes. Do not transfer to other tubes or containers.

Specimen Type: Bone marrow clot

Container/Tube: Bone marrow clot in 10% formalin

Collection Instructions:

1. Place 0.5 mL bone marrow aspirate in clot tube.
2. After clot has formed, place clot in 10% formalin.
3. Place Parafilm around the container to prevent exposure.

Specimen Type: Bone marrow core biopsy

Container/Tube: Fixed biopsy core in 10% formalin solution for transport

Collection Instructions:

1. [If bone marrow units are sparse or absent or aspirate is a dry tap, make biopsy touch prep slides.](#)
2. Place biopsy core in 10% formalin immediately after collection.
3. Fix in 10% formalin for 1 to 2 hours.
4. Place Parafilm around the 10% Formalin container to prevent exposure.

Specimen Type: Peripheral blood

Slides: 2

Container/Tube: Transport in plastic slide holders.

Preferred: 2 fresh prep fingerstick slides

Acceptable: 2 slides made from whole blood in EDTA, made within 8 hours of collection

Collection Instructions:

1. Prepare 2 good quality smears of even thickness from fingerstick.
2. Alternatively, prepare good quality smear from EDTA whole blood within 8 hours of collection.

3. Submit unstained and unfixed slides.
4. Place Parafilm around the slide carriers holding unstained slides to prevent exposure to formalin fumes during transport and place slides in a separate bag apart from any formalin-fixed clot or core biopsy specimens during transport. If using slide carriers, make sure they have not been used to carry fixed slides previously.

Forms:

1. [Hematopathology Patient Information \(T676\)](#) is required.
2. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
 - [Hematopathology/Cytogenetics Test Request \(T726\)](#)
 - [Benign Hematology Test Request \(T755\)](#)

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)	0 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
71098	Interpretation	Alphanumeric		60570-9
71099	Participated in the Interpretation	Alphanumeric		No LOINC Needed
71100	Report electronically signed by	Alphanumeric		19139-5
71101	Addendum	Alphanumeric		35265-8
71102	Gross Description	Alphanumeric		22634-0
71446	Material Received	Alphanumeric		85298-8
71103	Disclaimer	Alphanumeric		62364-5
71827	Case Number	Alphanumeric		80398-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

- 85007 (if appropriate)
- 85060 (if appropriate)
- 85097 (if appropriate)
- 88305 (if appropriate)
- 88311 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
BMAPC	Bone Marrow Aspirate	1	85097	No	No, (Bill Only)
BMBPC	Bone Marrow Biopsy	1	88305	No	No, (Bill Only)
BMCCP	Bone Marrow Clot	1	88305	No	No, (Bill Only)

DCALP	Decalcification	1	88311	No	No, (Bill Only)
PBPC	Peripheral Blood			No	No, (Bill Only)
PBTC	Peripheral Blood, TC	1	85007	No	No, (Bill Only)
PPPC	Particle Prep	1	88305	No	No, (Bill Only)

Reference Values:

An interpretive report will be provided.