

**Reporting Title:** Myeloid Neoplasms, NGS, V  
**Performing Location:** Rochester

**Shipping Instructions:**  
Bone marrow and whole blood specimens must arrive within 14 days of collection.

**Necessary Information:**  
The following information is required:

1. Clinical diagnosis
2. Pertinent clinical history, including disease phase (diagnostic, remission, relapse/refractory) and therapy status (especially if patient has received a hematopoietic stem cell transplant).
3. Clinical or morphologic suspicion
4. Date of collection
5. Specimen source

**Specimen Requirements:**  
Submit only 1 of the following specimens:

**Preferred**

**Specimen Type:** Bone marrow aspirate  
**Container/Tube:**  
**Preferred:** Lavender top (EDTA) or yellow top (ACD)  
**Acceptable:** Green top (sodium heparin)  
**Specimen Volume:** 2 mL  
**Collection Instructions:**  

1. Invert several times to mix bone marrow.
2. Send bone marrow specimen in original tube. **Do not aliquot.**
3. Label specimen as bone marrow.

**Specimen Stability Information:** Ambient (preferred) 14 days/Refrigerate 14 days  
**Additional Information:** To ensure minimum volume and concentration of DNA is met, the requested volume must be submitted. Testing may be canceled if DNA requirements are inadequate.

**Acceptable:**

**Specimen Type:** Whole blood  
**Container/Tube:**  
**Preferred:** Lavender top (EDTA) or yellow top (ACD)  
**Acceptable:** Green top (sodium heparin)  
**Specimen Volume:** 3 mL  
**Collection Instructions:**  

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

3. Label specimen as blood.

**Specimen Stability Information:** Ambient (preferred) 14 days/Refrigerate 14 days

**Additional Information:** To ensure minimum volume and concentration of DNA is met, the requested volume must be submitted. Testing may be canceled if DNA requirements are inadequate.

**Specimen Type:** Extracted DNA from blood or bone marrow

**Container/Tube:** 1.5- to 2-mL tube

**Specimen Volume:** Entire specimen

**Collection Instructions:**

1. DNA must be extracted within 14 days after collection.

2. Label specimen as extracted DNA and source of specimen.

3. Provide volume and concentration of the DNA.

**Specimen Stability Information:** Frozen (preferred)/Refrigerate/Ambient

**Additional Information:** DNA must be extracted in a CLIA-certified laboratory or equivalent and must be extracted from a specimen type listed as acceptable for this test (including applicable anticoagulants). We cannot guarantee that all extraction methods are compatible with this test. If testing fails, one repeat will be attempted, and if unsuccessful, the test will be reported as failed and a charge will be applied.

**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
Varies	Varies	14 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
NGSHM	MP024	Specimen Type	Plain Text	Yes
NGSHM	NGSD	Indication for Test	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
MP024	Specimen Type	Alphanumeric		31208-2
NGSD	Indication for Test	Alphanumeric		42349-1
37276	Pathogenic Mutations Detected	Alphanumeric		82939-0
37282	Clinical Trials	Alphanumeric		82786-5
37277	Variants of Unknown Significance	Alphanumeric		93367-1
37278	Additional Notes	Alphanumeric		48767-8

37279	Method Summary	Alphanumeric		85069-3
37420	Disclaimer	Alphanumeric		62364-5
37280	OncoHeme Panel Gene list	Alphanumeric		36908-2
37287	Reviewed By:	Alphanumeric		18771-6
37283	Interpretation	Alphanumeric		69047-9
601696	NGSHM Result	Alphanumeric		No LOINC Needed

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:  
No

CPT Code Information:  
81450

Reference Values:  
An interpretive report will be provided.