**Reporting Title:** T Cell Receptor Gene Rearrange, V
**Performing Location:** Rochester

## Shipping Instructions:
Body fluid or spinal fluid specimens must arrive within 4 days of collection.

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

Preferred:
Specimen Type: Paraffin-embedded tissue
Container/ Tube: Paraffin block
Collection Instructions:
1. Decalcified specimens (eg, bone marrow core biopsies) are not acceptable.
2. Indicate specimen source.
3. Include pathology report.
Specimen Stability Information: Ambient
Additional Information: If the quality of the biopsy specimen is poor, testing should not be ordered. Testing may be canceled if DNA requirements are inadequate.

Acceptable:
Specimen Type: Tissue slide
Slides: 20 Unstained slides
Container/Tube: Transport in plastic slide holders
Collection Instructions:
1. Send 20 unstained, nonbaked slides with 5-micron thick sections of tissue.
2. Decalcified specimens (eg, bone marrow core biopsies) are not acceptable.
3. Indicate specimen source.
4. Include pathology report.
Specimen Stability Information: Ambient
Additional Information: Testing may be canceled if resultant extracted DNA does not meet concentration requirements.

Specimen Type: Body fluid
Sources: Pleural, peritoneal, vitreous and spinal fluid
Container/Tube: Sterile container
Specimen Volume: At least 5 mL
Collection Instructions:
1. If the volume is large, pellet cells prior to sending.
2. Send less volume at ambient temperature or as a frozen cell pellet.
3. Specify the type of fluid being submitted.
Specimen Stability Information:
Body fluid: Ambient 4 days/Refrigerated/Frozen
Cell pellet: Frozen

Specimen Type: Frozen tissue
Container/Tube: Plastic container
Specimen Volume: 100 mg

Collection Instructions:
1. Freeze tissue within 1 hour of collection.
2. Indicate specimen source.
Specimen Stability Information: Frozen

Specimen Type: Extracted DNA
Container/Tube: 1.5- to 2-mL tube
Specimen Volume: Entire specimen
Collection Instructions:
1. DNA must be extracted within 7 days of collection.
2. Label specimen as extracted DNA and source of specimen.
3. Provide volume and concentration of DNA on label.
Specimen Stability Information: Frozen (preferred)/Refrigerated/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.

## Specimen Minimum Volume:
Body fluid: 1 mL; Frozen tissue: 50 mg; Extracted DNA: 50 microliters (mcL) at 20 ng/mcL; Tissue slides: 10 unstained slides

## 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 |
|---|---|---|
| Varies | Varies | |

## Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---|---|---|---|---|
| TCGRV | MP016 | Specimen: | Plain Text | Yes |

## Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|
| 19936 | Final Diagnosis: | Alphanumeric | | 22637-3 |
| MP016 | Specimen: | Alphanumeric | | 31208-2 |

| | | | | |
|---|---|---|---|---|
| 608953 | Signing Pathologist | Alphanumeric | | 19139-5 |

LOINC and CPT codes are provided by the performing laboratory.

## Supplemental Report:
No

## CPT Code Information:

81340-TCB (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s), using amplification methodology (eg, PCR)
81342-TCG (T cell receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)

## Reference Values:

An interpretive report will be provided.