MAYO CLINIC LABORATORIES

NEW TEST

Notification Date: November 22, 2021
Effective Date: December 22, 2021

Erythrocytosis Evaluation, Blood

Test ID: REVE2

Useful for:

Definitive, comprehensive, and economic evaluation of an individual with JAK2-negative erythrocytosis associated with lifelong sustained increased hemoglobin or hematocrit

Profile Information:

Test ID	Reporting Name	Available Separately	Always Performed
REVEI	Erythrocytosis Interpretation	No	Yes
HGBCE	Hb Variant, A2 and F Quantitation, B	Yes	Yes
HPLC	HPLC Hb Variant, B	No	Yes
MASS	Hb Variant by Mass Spec, B	No	Yes

Reflex Tests:

Test ID	Reporting Name	Available Separately	Always Performed
SDEX	Sickle Solubility, B	Yes	No
HEMP	Hereditary Erythrocytosis Mut, B	Yes	No
IEF	Isoelectric Focusing, B	No	No
UNHB	Hb Stability, B	No	No
HPFH	Hb F Distribution, B	No	No
ATHAL	Alpha-Globin Gene Analysis	Yes	No
WASQR	Alpha Globin Gene Sequencing, B	Yes (Order WASEQ)	No
WBSQR	Beta Globin Gene Sequencing, B	Yes (Order WBSEQ)	No
WBDDR	Beta Globin Cluster Locus Del/Dup,B	Yes (WBDD)	No
WGSQR	Gamma Globin Full Gene Sequencing	Yes (Order WGSEQ)	No
BPGMM	BPGM Full Gene Sequencing	Yes	No
REVE0	Erythrocytosis Summary Interp	No	No
VHLE	VHL Gene Erythrocytosis Mutations	Yes (Order VHLZZ)	No

Methods:

REVEI, REVE0: Medical Interpretation
HGBCE: Capillary Electrophoresis
HPLC: Cation Exchange/High Performance Liquid Chromatography (HPLC)
MASS: Mass Spectrometry (MS)
SDEX: Hemoglobin S Solubility
HEMP: Polymerase Chain Reaction (PCR) Amplification/Sanger Sequence Analysis
IEF: Isoelectric Focusing
HPFH: Flow Cytometry
UNHB: Isopropanol and Heat Stability
ATHAL: Alpha-Globin Gene Analysis, Varies
WASQR, WBSQR, WGSQR, BPGMM: Polymerase Chain Reaction (PCR)/Sanger Sequencing

WBDDR: Polymerase Chain Reaction (PCR) Analysis/Multiplex Ligation-Dependent Probe Amplification (MLPA)
VHLE: Polymerase Chain Reaction (PCR) followed by DNA Sequence Analysis

Interpretation:

The evaluation includes testing for a hemoglobinopathy. Reflex testing for EPOR, EGLN1 (PHD2), EPAS1 (HIF2a), VHL, and BPGM will be performed as needed.

A hematopathology expert in these disorders will evaluate the case, have the appropriate tests performed, and issue an interpretive report.

Specimen Requirements:

Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: Yellow top (ACD solution B), green top (sodium heparin)
Specimen Volume: 5 mL
Collection Instructions: Send whole blood specimen in original tube. **Do not aliquot.**

Specimen Stability Information:

Specimen Type	Temperature	Time
Whole Blood EDTA	Refrigerated	7 days

Cautions:

An isolated increase in red blood cell count in the setting of normal hemoglobin levels (in the absence of chronic phlebotomy or coincident iron deficiency) may occur in thalassemia or other causes and is not an indication for a thorough erythrocytosis evaluation.

CPT Code:

83020-26
83020
83021
83789
83068 (if appropriate)
82664 (if appropriate)
88184 (if appropriate)

Day(s) Performed: Monday through Saturday **Report Available:** 3 to 25 days

Questions

Contact Connie Penz, Laboratory Technologist Resource Coordinator at 800-533-1710.