

New Test **3000455** **Ph-Like Acute Lymphocytic Leukemia (ALL) Panel by FISH** **F PHLK ALL**



Time Sensitive



Oncology Test Request Form Recommended
(ARUP form #43099)



Additional Technical Information

Methodology: Fluorescence in situ Hybridization
Performed: Sun-Sat
Reported: 3-10 days

Specimen Required: Collect: Non-diluted bone marrow aspirate collected in a heparinized syringe. Also acceptable: Whole blood in Green (Sodium Heparin).
Specimen Preparation: **Bone Marrow:** Transfer 3 mL bone marrow to a Green (Sodium Heparin). (Min: 1 mL) **Whole Blood:** Transport 5 mL whole blood. (Min: 2 mL)
Storage/Transport Temperature: Room temperature.
Remarks: Submit the Patient History for Cytogenetic (Chromosome) Studies form with the electronic packing list (available at <http://www.aruplab.com/genetics/forms.php>).
Unacceptable Conditions: Clotted or paraffin-embedded specimens.
Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable

Reference Interval: By report

Interpretive Data: Probes included: *CRLF2, JAK2, EPOR, CSF1R, ABL1, ABL2, PDGFRB*
 See Compliance Statement A: www.aruplab.com/CS

Note: A processing fee will be charged if this procedure is canceled at the client's request after the test has been set up or if the sample integrity is inadequate to allow culture growth. To order probes separately, refer to Chromosome FISH, Interphase (ARUP test code 2002298).

Other specimen types may be acceptable, contact the Cytogenetics Laboratory for specific specimen collection and transportation instructions.

If cell pellets or dropped cytogenetics slides are not submitted, a processing fee will apply.

This test must be ordered using Oncology test request form #43099 or through ARUP interface.

CPT Code(s): 88271 x7; 88275 x7; 88291

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.