

TEST CHANGE

Multiple Myeloma Panel by FISH

3002063, FISHMMP

Specimen Requirements:

Patient Preparation:

Collect: ~~Nondiluted~~~~Non-diluted~~ bone marrow collected in a heparinized syringe. Also acceptable: whole blood collected in green~~Green~~ (sodium heparin).

Specimen Preparation: Transfer 3 mL bone marrow to a green (sodium heparin) (Min: 1 mL). OR transport 5 mL whole blood (green, sodium heparin) (Min: 2 mL). Additional specimen (recommend 2 mL) is required if concurrent testing (chromosome analysis and/or genomic microarray) is ordered due to the need to perform CD138+ cell enrichment process.

Transport Temperature: Room temperature.

Unacceptable Conditions: Frozen specimens. Paraffin-embedded specimens. Clotted specimens.

Remarks:

Stability: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable

Methodology: Fluorescence in situ Hybridization (FISH)

Performed: Sun-Sat

Reported: 5-14 days

Note: Fluorescence in situ hybridization (FISH) panel is performed on CD138+ ~~enriched~~~~sorted~~ cells (assuming specimen is sufficient for ~~enrichment~~~~sorting~~) for multiple myeloma prognosis-specific genomic abnormalities: 1p (CDKN2C loss/deletion)/1q (CKS1B) gain/amplification), /17p (TP53) loss/deletion)/ 17q (NF1) control, t(4;14) (IGH/FGFR3 or NSD2 (and MMSET) fusion), +9/9p (JAK2) enumeration, t(11;14) (IGH/CCND1 fusion and/or +11), t(14;16) (IGH/MAF fusion), t(14;20) (IGH/MAFB fusion). When this test is ordered in conjunction with a chromosome analysis, and/or genomic microarray, specimen prioritization for low cellularity samples will be given to FISH>microarray>karyotype due to ~~for~~ the need for CD138+ cell enrichment prior to FISH and microarray testing. ~~sorting of CD138+ cells.~~ This could impact ~~the~~ successful completion of



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Effective Date: **May 20, 2024**

~~lower priority tests, the chromosome analysis.~~ If ~~enrichment~~ sorting fails to yield sufficient CD138+ cells, testing will be performed using ~~unenriched~~ unsorted cells, if available. 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 specimen integrity is inadequate to allow a complete analysis. This test must be ordered using Oncology test request form #43099 or through your ARUP interface. Contact ARUP Genetics Processing for other specimen types or information and specific collection and transportation instructions.

CPT Codes: 88271 x7; 88275 x7

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

~~This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.~~

Reference Interval:

By report

Deleted Cells