

HOTLINE: Effective August 15, 2022

New Test	3005401Chimerism, Posttransplant, Sorted Cells (B Cells)	STRPOST-B
	Cell Isolation Request for Chimerism, Post- Transplant, Sorted Cells	formation
Methodology: Performed: Reported:	rformed: Sun-Sat	
 Specimen Required: Collect: Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B). OR bone marrow in lavender (EDTA). Specimen Preparation: Transport 2 mL whole blood. (Min: 2 mL) OR 1 mL bone marrow (Min: 1 mL). Ship overnight. If cell sorting is required, specimens should be received within 24 hours of collection for optimal isolation of the requested cell line(s). Storage/Transport Temperature: Refrigerated. Also acceptable: Ambient. <u>Remarks:</u> Posttransplant genotypes will be compared to pretransplant recipient and donor genotypes. Therefore, donor and recipient specimens must be obtained and genotyped before the transplant event occurs. Please provide the results and date of the patient's most recent WBC and differential counts. When submitting bone marrow specimens for cell sorting, please provide information regarding the general cellularity of the patient's bone marrow. See Cell Isolation Request for Chimerism, Posttransplant, Sorted Cells. <u>Unacceptable Conditions:</u> Clotted or hemolyzed specimens. <u>Stability (collection to initiation of testing):</u> Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable 		
Interpretive Data: Background Information: Chimerism, Posttransplant, Sorted Cells (B Cells) Indication: Monitoring for bone marrow transplant patients; correlation with clinical status and consideration of the interval between bone marrow		

transplantation and testing is necessary for proper interpretation of results. **Methodology:** PCR followed by capillary electrophoresis. Specimens are analyzed using 15 autosomal markers (D8S1179, D21S11, D7S820, CSF1PO, D3S1358, THO1, D13S317, D16S539, D2S1338, D19S433, vWa, TPOX, D18S51, D5S818, and FGA) and one gender marker (amelogenin).

Limit of Detection: 2 percent of minor cell population.

Limitations: Diagnostic errors can occur due to rare sequence variations.

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.

Note: Type Do

Type Donor: Donor cells only. Type Recipient: Recipient cells only. Mixed: Donor and recipient cells present. Semiquantitative results of percentage of donor and recipient cells will be reported.

CPT Code(s): 81268; 88184

New York DOH Approved.

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