

HOTLINE: Effective August 15, 2022

New Test	3005449	Chimerism, Recipient, Pretransplant	STR_PRE
	Additional Tech	nnical Information	
Methodology: Performed: Reported:	Polymerase Cha Sun-Sat varies	ain Reaction/Fragment Analysis	
Specimen Required: <u>Collect:</u> Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B). OR bone marrow in lavender (EDTA). OR bucca brushes from recipient. <u>Specimen Preparation:</u> Transport 2 mL whole blood (Min: 1 mL) OR 1 mL bone marrow (Min: 1 mL) OR 2 buccal brushes in a sterile, dry tube. (Min: 2 brushes) <u>Storage/Transport Temperature:</u> Refrigerated. Also acceptable: Ambient. <u>Remarks:</u> Posttransplant results will be compared to pretransplant recipient and donor genotypes, therefore, donor and			

<u>Remarks</u>: Posttransplant results will be compared to pretransplant recipient and donor genotypes, therefore, donor and recipient specimens must be obtained and genotyped before the transplant event occurs. If transplant event occurred prior to specimen collection, dry buccal brushes (not bloody) are acceptable.

Stability (collection to initiation of testing): Room temperature: 1 week; Refrigerated: 1 month; Frozen: Unacceptable

Interpretive Data:

Background Information: Chimerism, Recipient Pretransplant

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). **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.

CPT Code(s): 81265

New York DOH Approved.

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