TEST CHANGE

Diagnostic Qualitative BCR-ABL1 Assay with Reflex to p190 or p210 Quantitative Assays

3005839, DX BCR RFX

Specimen Requirements:	
Patient Preparation:	
Collect:	Whole blood or bone marrow in lavender (EDTA).
Specimen Preparation:	Whole blood: Transport 5 mL whole blood. (Min: 3 mL) Bone marrow: Transport 3 mL bone marrow. (Min: 1 mL) Refrigerate immediately. Specimens must be received within 48 hours of collection due to lability of RNA.
Transport Temperature:	Whole blood and bone marrow: CRITICAL REFRIGERATED. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Serum, plasma, extracted DNA, CSF, FFPE tissue, ambient whole blood, or frozen whole blood or bone marrow. Specimens collected in anticoagulants other than EDTA. Severely hemolyzed or clotted specimens. Ambient bone marrow specimens past 7 days will be canceled. Refrigerated whole blood or bone marrow specimens past 7 days will be canceled.
Remarks:	This qualitative ~~test is intended as a~~ screening test is appropriate~~only~~ for initial diagnosis of chronic myeloid leukemia (CML) or acute lymphoblastic leukemia/lymphoma (ALL). ~~.~~ For ~~those~~ patients with a known history of p210 or p190 fusion transcripts, refer to~~an established diagnosis, please order~~ Quantitative Detection of BCR-ABL1, Major Form (p210) (~~ARUP test code~~ 3005840) or Quantitative Detection of BCR-ABL1, Minor Form (p190) (3016968~~Quantitative (ARUP test code 2005016~~).
Stability:	Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable
Methodology:	Reverse Transcription Polymerase Chain Reaction
Performed:	Varies
Reported:	4-10 days
Note:	This reflex assay is recommended when the BCR-ABL1 fusion form is not known or unclear. This reflex assay detects the

	presence of either the p210 (major breakpoint), p190 (minor breakpoint), or p230 (micro breakpoint). If the presence of either the common p210 or p190 BCR-ABL1 fusion is detected, then the appropriate quantitative test will be performed. Additional charges apply. If the fusion form is known, refer to Quantitative Detection of BCR-ABL1, Major Form (p210) (ARUP test code 3005840) or Quantitative Detection of BCR-ABL1, Minor Form (p190) (ARUP test code 3016968~~Quantitative (2005016~~).
CPT Codes:	81206; 81207; 81208; If reflexed, add 81206 or 81207
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data: Refer to report.	
Reference Interval:	

HOTLINE NOTE: There is a reflexive pattern change associated with this test. One or more orderable or component has been added or removed to the reflexive pattern. Refer to the Hotline Test Mix for interface build information.