NEW TEST

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# Acute Lymphoblastic Leukemia (ALL) Panel by FISH, Pediatric

3020950, FISH PALL

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| Specimen Requirements: | |
| Patient Preparation: | |
| Collect: | Nondiluted bone marrow aspirate collected in a heparinized syringe. Also acceptable: Whole blood in green (sodium heparin) tube. |
| Specimen Preparation: | Transfer bone marrow to a green (sodium heparin) tube. Transport 3 mL bone marrow (Min: 1 mL) OR 5 mL whole blood (Min: 2 mL). |
| Transport Temperature: | Preferred Transport Temp: Room temperature. |
| Unacceptable Conditions: | Frozen specimens. Clotted or paraffin-embedded specimens. |
| Remarks: | Clinical indication or reason for testing and specimen type required with test order. Sample will still be processed if this information is not initially provided but appropriate culturing and reporting may be compromised or delayed. |
| Stability: | Room temperature: 2 days; Refrigerated: 2 days; Frozen: Unacceptable |
| Methodology: | Fluorescence in situ Hybridization (FISH) |
| 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 specimen integrity is inadequate to allow culture growth. The fee will vary based on specimen type. To order probes separately, refer to FISH Interphase (3020127).<br><br>Other specimen types may be acceptable, contact the Cytogenetics Laboratory for specific specimen collection and transportation instructions.<br><br>If cell pellets or dropped cytogenetics slides are submitted, a processing fee will not apply.<br><br>This test must be ordered using Oncology test request form #43099 or through your ARUP interface.<br><br>If chromosome analysis is not performed at ARUP on the same sample, Bone Marrow/PBL Culture Processing Fee (0093271) will be added to account for sample processing, and additional charge will apply. If multiple FISH tests are ordered, 0093271 |

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| | will only be applied to one of the FISH tests. |
| CPT Codes: | 88271 x6; 88275 x6 |
| New York DOH Approval Status: | This test is New York DOH approved. |
| Interpretive Data: | |
| Probes included: ETV6/RUNX1, BCR/ABL1/ASS1, CEP4, CEP10, MLL (KMT2A), TCF3 (E2A) | |
| Reference Interval: | |
| Refer to report | |

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