

Overview

Useful For

Processing the bone marrow or peripheral blood specimen but delaying fluorescence in situ hybridization analysis while preliminary morphologic assessment is in process

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
EOSMB	Probe, Each Additional (EOSMF)	No, (Bill Only)	No
EOS3B	Probe, Tri-color (EOSMF)	No, (Bill Only)	No
BALMB	Probe, Each Additional (BALMF)	No, (Bill Only)	No
BAL3B	Probe, Tri-color (BAL)	No, (Bill Only)	No
BLPMB	Probe, Each Additional (BLPMF)	No, (Bill Only)	No
BALAB	Probe, Each Additional (BALAF)	No, (Bill Only)	No
MFCDB	Probe, Each Additional (MFCDF)	No, (Bill Only)	No
COGBB	Probe, Each Additional (COGBF)	No, (Bill Only)	No
COGTB	Probe, Each Additional (COGTF)	No, (Bill Only)	No
COGMB	Probe, Each Additional (COGMF)	No, (Bill Only)	No
HEMMB	Probe, Each Additional (HEMMF)	No, (Bill Only)	No
MDSDB	Probe, Each Additional (MDSDF)	No, (Bill Only)	No
MDSMB	Probe, Each Additional (MDSMF)	No, (Bill Only)	No
TALAB	Probe, Each Additional (TALAF)	No, (Bill Only)	No
TLPMB	Probe, Each Additional (TLPMF)	No	No
TALMB	Probe, Each Additional (TALMF)	No, (Bill Only)	No
AMLMB	Probe, Each Additional (AMLMF)	No, (Bill Only)	No

CLLDB	Probe, Each Additional (CLLDF)	No, (Bill Only)	No
CLLMB	Probe, Each Additional (CLLMF)	No, (Bill Only)	No
AMLBA	Probe, Each Additional (AMLFA)	No, (Bill Only)	No
BALBP	Probe, Each Additional (BALFP)	No, (Bill Only)	No
EOSBD	Probe, Each Additional (EOSFD)	No, (Bill Only)	No
AMLBP	Probe, Each Additional (AMLFP)	No, (Bill Only)	No
TLPBD	Probe, Each Additional (TLPFD)	No, (Bill Only)	No
AMLFA	Adult-AML panel, FISH	Yes	No
AMLMF	AML, Specified FISH	Yes	No
AMLFP	Pediatric-AML panel, FISH	Yes	No
BALAF	Adult ALL (B-cell), FISH	Yes	No
BALMF	ALL (B-cell), Specified FISH	Yes	No
BALFP	Pediatric B-ALL/LBL panel, FISH	Yes	No
BLPMF	B-cell Lymphoma, Specified FISH	Yes	No
CLLDF	CLL, Diagnostic FISH	Yes	No
CLLMF	CLL, Specified FISH	Yes	No
COGBF	COG, ALL (B-cell), FISH	Yes	No
COGMF	COG, AML, FISH	Yes	No
COGTF	COG, ALL (T-cell), FISH	Yes	No
EOSFD	Chronic Eosinophilia pnl, Diag FISH	Yes	No
EOSMF	Chronic Eosinophilia, Spec FISH	Yes	No
HEMMF	Hematologic Specified FISH	Yes	No
MDSDF	MDS, Diagnostic FISH	Yes	No
MDSMF	MDS, Specified FISH	Yes	No
MFCDF	Myeloma Fixed Cell, High Risk, FISH	Yes	No
PHLFD	BCR/ABL1-like B-ALL pnl, Diag, FISH	Yes	No
TALAF	Adult ALL (T-cell), FISH	Yes	No
TALMF	ALL (T-cell), Specified FISH	Yes	No
TALFP	Pediatric T-ALL/LBL panel, FISH	Yes	No

TLPFD	T-lymphoma BM/BL panel, Diag, FISH	Yes	No
TLPMF	T-cell Lymphoma B/BM, Spec FISH	Yes	No
TALBP	Probe, Each Additional (TALFP)	No, (Bill Only)	No
PHLBD	Probe, Each Additional (PHLFD)	No, (Bill Only)	No

Testing Algorithm

This test is designed to hold the sample and delay fluorescence in situ hybridization (FISH) testing while preliminary morphologic assessment or flow cytometry testing is in process.

Hold policy: Upon sample receipt, the specimen will be held in the laboratory. FISH testing will not be performed unless the client contacts the laboratory and indicates that FISH testing is desired. The client **must** contact the Cytogenetics Laboratory at 800-533-1710 by 4 p.m. (Central time) no later than 4 business days (96 hours) after the specimen was collected. If no notification is received by this time, the order will be processed as "canceled." Weekend communication can be deferred until Monday.

Method Name

Direct Preparation of Specimen

NY State Available

Yes

Specimen

Specimen Type

Varies

Ordering Guidance

This test is designed to hold blood and bone marrow specimens for fluorescence in situ hybridization testing only.

This test does not apply to chromosome analysis. If specimen is to be held for chromosome analysis, order HOLDC / Hematologic Disorders, Chromosome Hold, Varies.

Due to stability issues, test PCPDS / Plasma Cell Proliferative Disorder, High-Risk with Reflex Probes, Diagnostic FISH Evaluation, Bone Marrow **cannot be** added onto specimens held under this test.

Shipping Instructions

Advise Express Mail or equivalent if not on courier service.

Necessary Information

- 1. A reason for testing must be provided.** If this information is not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.
- 2. A flow cytometry and/or bone marrow pathology report should be submitted with each specimen.** The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed.

Specimen Required

Submit only 1 of the following specimens:

Preferred:

Specimen Type: Bone marrow

Container/Tube:

Preferred: Yellow top (ACD)

Acceptable: Green top (sodium heparin) or lavender top (EDTA)

Specimen Volume: 2 to 3 mL

Collection Instructions:

1. It is preferable to send the first aspirate from the bone marrow collection.
2. Invert several times to mix bone marrow.
3. Send bone marrow in original tube. **Do not aliquot.**

Acceptable:

Specimen Type: Whole Blood

Container/Tube:

Preferred: Yellow top (ACD)

Acceptable: Green top (sodium heparin) or lavender top (EDTA)

Specimen Volume: 6 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send whole blood in original tube. **Do not aliquot.**

Forms

If not ordering electronically, complete, print, and send a [Hematopathology/Cytogenetics Test Request](#) (T726) with the specimen.

Specimen Minimum Volume

Bone marrow: 1 mL; Whole blood: 2 mL

Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		

Standard

Clinical & Interpretive**Clinical Information**

Fluorescence in situ hybridization (FISH) analysis using gene-specific probes is a useful methodology to detect common, recurrent chromosome abnormalities for most hematologic malignancies. Based on morphologic review of the bone marrow or peripheral blood specimen by a hematopathologist, a determination of additional appropriate testing can be made. If the specimen does not show evidence of malignancy, FISH analysis may not be necessary. Depending on the diagnosis, conventional chromosome analysis may also be more informative.

Reference Values

Not applicable

Interpretation

If notified by the client, this test may be canceled, and a processing fee will be assessed.

If no notification to proceed with testing is received, this test will be reported as "cancelled."

Cautions

No significant cautionary statements

Performance**Method Description**

The specimen will be held in the laboratory while preliminary morphologic assessment is in process to determine if fluorescence in situ hybridization (FISH) testing is appropriate.

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

4 days

Specimen Retention Time

4 weeks

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

Not Applicable

CPT Code Information

See individual reflex tests

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
HOLDF	Heme FISH Hold, B/BM	No LOINC Needed

Result ID	Test Result Name	Result LOINC® Value
51836	Result Summary	50397-9
51838	Interpretation	69965-2
CG666	Reason for Referral	42349-1
CG667	Specimen	31208-2
51839	Source	31208-2
CG791	Requested FISH Test	48767-8
51841	Method	85069-3
53433	Additional Information	48767-8
51842	Released by	18771-6