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**Reporting Title:** IGH Somatic Hypermutation in B-CLL**Performing Location:** Rochester**Shipping Instructions:**

1. Both refrigerated and ambient specimens must arrive within 7 days of collection.
2. Collect and package specimen as close to shipping time as possible.

**Necessary Information:**

1. [Molecular Hematopathology Patient Information](#) is required.. Testing may proceed without the patient information; however, it aids in providing a more thorough interpretation. Ordering providers are strongly encouraged to fill out the form and send with the specimen.
2. If form is not provided, include the following information with the test request: specimen source, pertinent clinical history (ie, complete blood cell count results and relevant clinical notes), and clinical or morphologic suspicion.

**Specimen Requirements:****Submit only 1 of the following specimens:****Specimen Type:** Whole blood**Container/Tube:****Preferred:** Lavender top (EDTA)**Acceptable:** Yellow top (ACD)**Specimen Volume:** 4 mL**Collection Instructions:**

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

**Specimen Stability:** Refrigerated/Ambient**Specimen Type:** Bone marrow**Container/Tube:****Preferred:** Lavender top (EDTA)**Acceptable:** Yellow top (ACD)**Specimen Volume:** 2 mL**Collection Instructions:**

1. Invert several times to mix bone marrow.
2. Send bone marrow specimen in original tube. **Do not aliquot.**
3. Label specimen as bone marrow.

**Specimen Stability:** Refrigerated/Ambient**Specimen Type:** Extracted DNA from blood or bone marrow**Container/Tube:** 1.5- to 2-mL screw-top tube**Specimen Volume:** Entire specimen**Collection Instructions:**

1. Label specimen as extracted DNA and indicate specimen source (blood or bone marrow).
2. The required volume of DNA is 50 mcL at a concentration of 20 ng/mcL.

3. Include volume and concentration on tube.  
**Specimen Stability:** Frozen (preferred)/Refrigerated

Forms:

- 1. [Molecular Hematopathology Patient Information](#) is required.
- 2. If not ordering electronically, complete, print, and send a [Hematopathology/Cytogenetics Test Request](#) (T726) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
BCLL	MP005	Specimen Type	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
MP005	Specimen Type	Alphanumeric		31208-2
19674	Final Diagnosis	Alphanumeric		50398-7
39465	BCLL Result	Alphanumeric		No LOINC Needed

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

81263-IGH (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis

Reference Values:

An interpretive report will be provided.