


AML, Inversion 16 by FISH

Order Name: **AML INV 16**
Test Number: **9116175**
Revision Date: **10/01/2022**

TEST NAME	METHODOLOGY	LOINC CODE
AML, Inversion 16 by FISH	Fluorescence in Situ Hybridization	

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	5 mL (1 mL)	Bone Marrow	Sodium Heparin (Green Top, No-Gel)	Room Temperature
Alternate 1	5 mL (3 mL)	Whole Blood	Sodium Heparin (Green Top, No-Gel)	Room Temperature
Instructions	Send specimen ASAP, Keep at room temperature! (DO NOT FREEZE). Frozen samples will be rejected.			

GENERAL INFORMATION	
Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	[inv(16) or t(16;16)(p13;q22)]; inv(16), AML-M4 CBFB/MYH11 is associated with acute myeloid leukemia (FAB M4 Eo subtype)
CPT Code(s)	88377x2
Service Provided By	 labcorp Oklahoma, Inc.