

## **BCR/ABL Gene Rearrangement Qualitative by FISH**

Order Name: BCRABL FSH
Test Number: 9113275

Revision Date: 10/01/2022

TEST NAME			METHODOLOGY	LOINC CODE
BCR/ABL Gene Rearrangement Qualitative by FISH			Fluorescence in Situ Hybridization	
SPECIMEN REQU	JIREMENTS			
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 a	it room temperature! (DO NOT	FREEZE). Frozen samples will be rejected.	

GENERAL INFORMATION	
Testing Schedule	Mon-Fri
Expected TAT	3-5 Days
Clinical Use	CML/ALL, bcr/abl, [t( 9,22)](Philadelphia Chromosome) Useful for diagnosing chronic myelogenous leukemia (CML), following course of treatment in CML, and as a prognostic marker in B-cell acute lymphoblastic leukemia (ALL). In addition, it is useful in excluding CML if other myeloproliferative disorders are in the differential diagnosis.
CPT Code(s)	88377
Service Provided By	Oklahoma, Inc.