
Lab Dept: Sendouts

Test Name: MINIMAL RESIDUAL DISEASE (MRD) FLOW CYTOMETRY FOR B-ALL (UM)

General Information

Lab Order Codes: MRD560

Synonyms: COG Flow Cytometry Blood; COG Flow Cytometry Bone Marrow Aspirate; MRD Monitoring; FV UM LAB560

CPT Codes:

- 88184 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
- 88185 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker
- 88187 - Flow cytometry, interpretation; 2 to 8 markers
- 88188 - Flow cytometry, interpretation; 9 to 15 markers
- 88189 - Flow cytometry, interpretation; 16 or more markers

Test Includes: Interpretive report

Logistics

Test indications: Monitoring MRD for clinical indications and treatment. Use this test code for patients with B-ALL requiring COG-approved, decentralized flow MRD testing on Day 8 blood or Day 29 bone marrow aspirate.

Lab Testing Sections: Flow Cytometry - Sendout

Referred to: Fairview Diagnostic Laboratories (UM)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Testing is available Monday-Friday 0800-1700 and for specimens arriving in the testing laboratory before 1200 on Saturday.

Turnaround Time: Results are available within 1-3 business days.

Special Instructions: If testing is requested for Saturday, the ordering provider must obtain pre-approval from Fairview Flow Cytometry testing laboratory or University of Minnesota Hematopathologist before collection.

Indicate diagnosis, phase of therapy (reason for procedure) and specimen type within the order.

Specimen

| | |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Specimen Type: | Blood or bone marrow aspirate |
| Container: | Bone marrow aspirate: Bone marrow aspirate in sterile syringe with 0.5-1.0 mL of 1000 unit heparin preferred. Alternate: Dry sterile syringe immediately transferred to a green NaHeparin tube (no gel) or purple EDTA tube to minimize clotting. For Blood: EDTA tube. (No alternate) |
| Draw Volume: | 4 mL bone marrow aspirate (2 mL minimum) 8 mL blood (4 mL minimum) |
| Processed Volume: | Same as draw volume |
| Collection: | Routine venipuncture or bone marrow collection procedure |
| Special Processing: | Lab Staff: Do not centrifuge. Store in refrigerator until transport. Sendouts: Secure bone marrow syringe cap with Parafilm. Ensure Diagnosis and Reason for Procedure (same as Phase of Therapy) are entered in Atlas. Send at room temperature with next available courier to UMN with Cerner requisition. |
| Patient Preparation: | Routine practice |
| Sample Rejection: | Improper collection or handling; clotted specimens; specimens received in testing lab >48 hours after collection; unlabeled or mislabeled specimens. |

Interpretive

| | |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reference Range: | An interpretive report will be provided |
| Critical Values: | N/A |
| Limitations: | N/A |
| Methodology: | Multi-color immunofluorescence and flow cytometry |
| References: | Blood https://labguide.fairview.org/showtest.asp?testid=6741&format=long Bone marrow https://labguide.fairview.org/showtest.asp?testid=6742&format=long |

Updates:

11/22/2022: Initial entry

2/9/2023: Update to test indications