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**Lab Dept:**                    **Anatomic Pathology**

**Test Name:**                **DNA MARKER, PRE BMT ENGRAFTMENT,  
RECIPIENT**

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***General Information***

**Lab Order Codes:**        DNAM

**Synonyms:**                Bone Marrow Transplant DNA Marker; DNA Polymorphism (RFLP)  
Molecular; Pre-Transplant Chimerism Study; DNA Marker Pre-Bone Marrow  
Transplant Engraftment

**CPT Codes:**                81265 – Comparative analysis using Short Tandem Repeat (STR) markers;  
patient and comparative specimen

**Test Includes:**            Bone Marrow Transplant DNA processing, DNA pre-BMT (Bone Marrow  
Transplant) polymorphism

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***Logistics***

**Test Indications:**        Evaluation for identification of informative polymorphic markers which are  
used to determine engraftment status subsequent to bone marrow  
transplantation. An informative marker is defined as one that demonstrates  
unique identity for recipient and donor DNA.

**Lab Testing Sections:**    Anatomic Pathology – Sendouts

**Referred to:**                Fairview University Medical Center (Fairview/Atlas code: RCENFT)

**Phone Numbers:**         MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:**        Monday – Friday (Friday specimens will be accepted until 1200 and must  
be received at Fairview by 1400). Specimens must arrive within 24 hours.

**Turnaround Time:**        1 –2 weeks

**Special Instructions:**     Record the transplant recipient's name on the request form when sending  
donor specimen. (Donor specimen is requested for engraftment testing.)

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***Specimen***

**Specimen Type:**            Bone marrow or blood

<b>Container:</b>	<b>Preferred:</b> Yellow top (ACD-Solution A) tube Alternate: Lavender top (EDTA) tube
<b>Draw Volume:</b>	Bone Marrow: 5 mL (Minimum: 2 mL) Blood: 10 mL (Minimum: 5 mL)
<b>Processed Volume:</b>	Same as draw volume
<b>Collection:</b>	Bone marrow aspiration or routine blood collection Note: Peripheral blood is ideal, unless patient has received a bone marrow transplant recently
<b>Special Processing:</b>	<b>Do Not</b> centrifuge. Store bone marrow or blood in original collection container at room temperature. Contact Fairview University prior to sending specimen. Must arrive within 24 hours of collection.
<b>Patient Preparation:</b>	None
<b>Sample Rejection:</b>	Clotted specimen; incorrect storage temperature; unlabeled specimen or mislabeled specimen; incorrect anticoagulant

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### ***Interpretive***

<b>Reference Range:</b>	Results are reported as "Found" to indicate that there is a polymorphism identified that will allow the lab to follow the DNA engraftment of the patient post-bone marrow transplant or "None" to indicate that there is not a polymorphism and the DNA engraftment of the patient cannot be followed post bone marrow transplant. The name of the donor is included to assure that the correct donor is linked to the recipient.
<b>Critical Values:</b>	N/A
<b>Limitations:</b>	N/A
<b>Methodology:</b>	PCR amplification of DNA and electrophoresis
<b>References:</b>	<a href="#">Fairview University Laboratory Web Page</a> April 2018
<b>Updates:</b>	1/18/2006: CPT 2006 updates 3/20/2007: CPT 2007 updates 9/29/2008: CPT and price updates 2/5/2013: CPT update