

## ***JAK2* Exon 12 and Other Non-V617F Mutation Detection, Blood #89189**

**Useful For:**

- Aiding in the distinction between a reactive cytosis and a myeloproliferative neoplasm, particularly when a diagnosis of polycythemia is being entertained.
- This is a second-order test that should be used when the test for the *JAK2* V617F Mutation is negative.

**METHODOLOGY:** Mutation Detection in cDNA using Sanger sequencing.

**REFERENCE VALUES:** An interpretive report is provided.

**SPECIMEN REQUIREMENTS:****Specimen must arrive within 72 hours of collection**

Draw blood in a lavender-top (EDTA) tube(s), and send 4 mL of EDTA whole blood in original VACUTAINER(S). Invert several times to mix blood. Forward promptly at ambient temperature.

**CAUTIONS:**

- A positive result is not specific for a particular diagnosis and clinicopathologic correlation is necessary in all cases. A negative result does not exclude the presence of a myeloproliferative or other neoplasm.
- The sensitivity of this assay is much less than that of *JAK2* V617F Mutation Detection. This is because the sequencing technique is required to evaluate for many potential mutations. The sensitive *JAK2* V617F assay should always be performed first, as the *JAK2* mutation burden may be very low in some samples. If *JAK2* V617F Mutation Detection is negative, then this assay should be performed for detection of non-V617F *JAK2* mutations.

**NOTE:** When #89189, *JAK2* Exon 12 and Other Non-V617F Mutation Detection, Blood is ordered, #81481/Interpretation and Report will be added at an additional charge.

**LIST FEE:** \$ 262.80 for #89189  
\$ 79.30 for #81481

**CPT CODE:** 83891 Isolation of RNA  
83902 Reverse Transcription  
83898 Amplification by PCR  
83904x2 Sequencing, each  
83909x2 Separation  
83912 Interpretation and Report

**ANALYTIC TIME:** 5 days

**DAY(S) SET-UP:** Monday-Friday

**QUESTIONS:** Contact your Mayo Medical Laboratories' Regional Manager or Julie Breider, Mayo Medical Laboratories' Technologist Support  
Telephone: 800-533-1710

# TEST DEFINITION

10/20/2009

Code Name

89189 JAK2 Exon 12 Mutation Detection, B

\*\*\*\* End of Name to order code Report \*\*\*\*

MML MML Test setup information

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
89189	9/22/2009		JAK2 Exon 12 Mutation Detection, B			MCR
			Transport temp : Ambient <96 hours\Refrig <96 hours OK\Frozen NO			
			20187 Accession Number			
			20188 Referring Pathologist/Physician			
			20189 Ref. Path Address			
			20190 Material			
			20191 Specimen:			
			20192 Microscopic Description			
			20193 Special Studies:			
			20194 Final Diagnosis:			
			20195 Comment:			
			20196 Revision Description:			
			20197 Signing Pathologist			
			20198 Special Procedures			
			20199 SP Signing Pathologist			

(continued next page)

MML MML Test setup information

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
89189	(continued)					
		20200	*Previous Report Follows*			
		20222	Addendum			
		20223	Addendum Comment:			
		20224	Addendum Pathologist:			

\*Performing Site Legend

```

=====
==
MCR      Mayo Clinic Dpt of Lab Med & Pathology      LAB DIRECTOR:  Franklin R. Cockerill, III, M.D.
          200 First Street SW
          Rochester, MN 55905
=====
==

```

\*\*\* End of Report \*\*\*

MML Messages used as normals

CODE	TEXT
-----	-----

Total of 0 normals codes

\*\*\* End of Report \*\*\*



# TEST DEFINITION

6/15/2009

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
81481	5/8/2006		INTERPRETATION AND REPORT			MCR
			TRANSPORT TEMP : AMBIENT\REFRIG OK\FROZEN NO			
		81481	INTERPRETATION AND REPORT			

\*PERFORMING SITE LEGEND

MCR MAYO CLINIC DPT OF LAB MED & PATHOLOGY  
200 FIRST STREET SW  
ROCHESTER, MN 55905

LAB DIRECTOR: FRANKLIN R. COCKERILL, III, M.D.

\*\*\* END OF REPORT \*\*\*

MML MESSAGES USED AS NORMALS

CODE	TEXT
-----	-----

TOTAL OF 0 NORMALS CODES

\*\*\* END OF REPORT \*\*\*



1-800-533-1710

<b>PATIENT NAME</b> TESTING, 89189		<b>PATIENT NUMBER</b>		<b>AGE</b> 19	<b>SEX</b> F	<b>ACCESSION #</b> G9138232
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 10/19/09 06:30 A	<b>RECEIVED</b> 10/19/09 03:31 P	<b>REPORT PRINTED</b> 10/20/09 01:50 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH: 10/19/1990		
<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>	<b>DATE</b> <b>TIME</b>				
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

<b>TEST REQUESTED</b>	<b>HI</b> <b>LO</b>	<b>REF RANGE</b>	<b>PERFORM SITE *</b>
-----------------------	------------------------	------------------	-----------------------

Transcribed by: asa05 10/19/2009 15:41:52

\* PERFORMING SITE

MCR      Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW    Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
---	--

<b>PATIENT NAME</b> TESTING, 89189	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 10/19/09 06:30 A
---------------------------------------	------------------------------	---