

## **MPL Exon 10 Mutation Detection, Blood #89776**

**USEFUL FOR:** Aiding in the distinction between a reactive cytosis and myeloproliferative neoplasm.

**METHODOLOGY:** Mutation detection in DNA using Sanger sequencing

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

**SPECIMEN REQUIREMENTS:**

**Specimen must arrive within 96 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.

**NOTE:** When #89776, MPL Exon 10 Mutation Detection, Blood is ordered, #81481/Interpretation and Report and #84426/ HPGDE, DNA Extraction will be added at an additional charge.

**LIST FEE:**       \$ 227.50 for #89776  
                      \$ 79.30 for #81481  
                      \$150.00 for #84426

**CPT CODE:**

83898    Amplification by PCR  
83904x2   Sequencing, each  
83909x2   Separation by capillary electrophoresis  
83912    Interpretation and Report  
83891    HPGDE, DNA Extraction

**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

89776 MPL Exon 10 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 *
89776	9/22/2009		MPL Exon 10 Mutation Detection, B			MCR
			Transport temp : Ambient <96 hours\Refrig <96 hours OK\Frozen NO			
			19990 Accession Number			
			19991 Referring Pathologist/Physician			
			19992 Ref. Path Address			
			19993 Material			
			19994 Specimen:			
			19995 Microscopic Description			
			19996 Special Studies:			
			19997 Final Diagnosis:			
			19998 Comment:			
			19999 Revision Description:			
			20180 Signing Pathologist			
			20181 Special Procedures			
			20182 SP Signing Pathologist			

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MML MML Test setup information

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
89776	(continued)					
		20183	*Previous Report Follows*			
		20184	Addendum			
		20185	Addendum Comment:			
		20186	Addendum Pathologist:			

\*Performing Site Legend

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

MML Messages used as normals

CODE	TEXT
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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
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TOTAL OF 0 NORMALS CODES

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



# TEST DEFINITION

5/1/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE NAME  
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84426 HPGDE, DNA EXTRACTION

MML MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
84426	3/31/2004		HPGDE, DNA EXTRACTION			MCR
			TRANSPORT TEMP : AMBIENT\REFRIG OK\FROZEN No - BLOOD, BONE MARROW			
			84426 HPGDE, DNA EXTRACTION			

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\*PERFORMING SITE LEGEND

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MCR	MAYO CLINIC DPT OF LAB MED & PATHOLOGY	LAB DIRECTOR:	FRANKLIN R. COCKERILL, III, M.D.
	200 FIRST STREET SW		
	ROCHESTER, MN 55905		

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MML MESSAGES USED AS NORMALS

CODE TEXT  
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TOTAL OF 0 NORMALS CODES

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



1-800-533-1710

<b>PATIENT NAME</b> TESTING, 89776		<b>PATIENT NUMBER</b>		<b>AGE</b> 31	<b>SEX</b> M	<b>ACCESSION #</b> G9138234
<b>ORDERING PHYSICIAN</b>		<b>CLIENT ORDER #</b>				<b>ACCOUNT #</b> LIAISONS
<b>COLLECTION</b> 10/19/09 07:15 A	<b>RECEIVED</b> 10/19/09 03:33 P	<b>REPORT PRINTED</b> 10/20/09 01:48 P		<b>SPECIMEN INFORMATION</b> DATE OF BIRTH: 9/30/1978		
<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						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Signing Pathologist			MCR
	10/20/2009 10:39		
	Interpreted by: Pathologist X. Test, M.D.		
	Report electronically signed by Angie S. Beckel		
	Transcribed by: asa05 10/20/2009 10:39:19		

## \* 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.
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<b>PATIENT NAME</b> TESTING, 89776	<b>ORDER STATUS</b> Final	<b>COLLECTION DATE AND TIME</b> 10/19/09 07:15 A
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