Reporting Title: Chimerism-Donor
Performing Location: Rochester

Specimen Requirements:

Forms:
1. Chimerism Analysis Information Sheet (Supply T594) in Special Instructions.
2. If not ordering electronically, submit a Hematopathology/Molecular Oncology Request Form (Supply T241) with the specimen.

The following information is required:
1. Pertinent clinical history
2. Specimen source
3. Donor identifier and donor date of birth
4. Donor date of collection

Specimen must arrive within 168 hours of collection.

Submit only 1 of the following specimens:

Specimen Type: Blood
Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: ACD
Specimen Volume: 6 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send specimen in original tube.
3. Label specimen as blood.

Specimen Type: Bone marrow
Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: ACD
Specimen Volume: 2 mL
Collection Instructions:
1. Invert several times to mix bone marrow.
2. Send specimen in original tube.
3. Label specimen as bone marrow.

Specimen Type: Buccal swab
Container/Tube: Buccal Smear Collection Kit (Supply T543)
Specimen Volume: 2 Cyto-Pak brushes-1 per cheek
Collection Instructions:
1. Patient should rinse out mouth vigorously with mouthwash for approximately 15 seconds.
2. Remove Cyto-Pak brush from container only touching "stick" end. Save container.
3. Using medium pressure, rotate brush several times on inside of cheek.
4. Return brush to container and cap.
5. Repeat steps 2 through 4 on other cheek using second brush.
6. It is important that patient's buccal cells are not contaminated with cells from any other source. Do not touch bristles.

Do not brush too vigorously. If blood appears, discard brush. Restart collection process.
7. Label each container with patient's name and order number or hospital/clinic number.
Additional Information: It is important that the cells do not dry out during shipping. Ensure that container is tightly sealed.

Specimen Type	Temperature	Time
Varies	Ambient (preferred)	7 days
	Refrigerated	7 days

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CHIDB	MP008	Recipient: • Buccal Swab • EDTA blood • EDTA bone marrow • Extracted DNA	Answer List	Yes
CHIDB	MP015	Specimen Type	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
MP008	Recipient	Alphanumeric		N/A
MP015	Specimen Type	Alphanumeric		N/A
83182	Chimerism-Donor (CHIDB)	Alphanumeric		N/A

CPT Code Information:

81265-Comparative analysis using short tandem repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing or maternal cell contamination of fetal cells)

Reference Values:

An interpretive report will be provided.