Reporting Title: Chimerism-Recipient Engraft
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.

This test also requires submission of CHRGB/83186 Chimerism-Recipient Germline (Pre) and CHIDB/83182 Chimerism-Donor specimens.

The following information is required:
1. Pertinent clinical history
2. Specimen source
3. Donor identifier and donor date of birth
4. 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: 4 mL
Collection Instructions:
1. Only 1 tube is required.
2. Invert several times to mix blood.
3. Send specimen in original tube.
4. 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	Temperature	Time

Varies	Ambient (preferred)	7 days
	Refrigerated	7 days

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CHEP	MP006	Specimen Type	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
MP006	Specimen Type	Alphanumeric		N/A
19286	Final Diagnosis:	Alphanumeric		34574-4

CPT Code Information:

81267-Chimerism (engraftment) analysis, post hematopoietic stem cell transplantation specimen, includes comparison to previously performed baseline analyses; without cell selection
81266-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 reg, buccal swab, or other germline tissue sample) and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (if appropriate)
81268-Chimerism (engraftment) analysis, post hematopoietic stem cell transplantation specimen, includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
ADDO	Additional Donor			No	No
PCS1	Post Cell Sort, 1			No	No
PCS2	Post Cell Sort, 2			No	No
CHMT	Chimerism Analysis	1	81267	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CHMT	CHMT	Chimerism Analysis	Alphanumeric		In Process

Reference Values:

An interpretive report will be provided.