MAYO
Mayo Medical Laboratories
1-800-533-1710

NEW TEST ANNOUNCEMENT
NOTIFICATION DATE: April 2, 2013
EFFECTIVE DATE: May 6, 2013

KIT Asp816Val Mutation Analysis, Qualitative PCR, Bone Marrow
Test ID: KITBM

USEFUL FOR: Diagnosing systemic mastocytosis

METHODOLOGY: Allele-Specific Oligonucleotide Polymerase Chain Reaction (PCR)
(PCR is utilized pursuant to a license agreement with Roche Molecular Systems, Inc.)

REFERENCE VALUES: An interpretive report will be provided indicating the mutation status as positive or negative.

SPECIMEN REQUIREMENTS:

The following information is required:
1. Pertinent clinical history
2. Clinical or morphologic suspicion
3. Date of collection
4. Specimen source

Container/Tube: Bone marrow
Preferred: Lavender top (EDTA)
Acceptable: Yellow top (ACD solution B)
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

Forms: Hematopathology Patient Information Sheet (Supply T676) in Special Instructions

SPECIMEN STABILITY INFORMATION:

Specimen Type	Temperature	Time
Bone Marrow	Ambient (preferred)	7 days
	Refrigerated	7 days

CAUTIONS:

- Some systemic mastocytosis cases may have the mutation only in mast cells. Since these cells rarely circulate in blood and are difficult to obtain in significant numbers from bone marrow aspirate specimens, false-negative results may occur if neoplastic cells are present below the sensitivity of the assay (fewer than 0.01% mutated alleles).

- The test is qualitative only. Reliable quantitative results cannot be issued.

CPT CODE:
81402-KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), common variants (eg, D816V, D816Y, D816F)

DAY(S) SET UP: Monday- Friday **ANALYTIC TIME**: 4 days

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Julie Breider, MML Laboratory Technologist Resource Coordinator
Telephone: 800-533-1710