

**Reporting Title:** Immunoglobulin Gene Rearrange, B  
**Performing Location:** Rochester

**Specimen Requirements:**

Specimen must arrive within 168 hours of draw.

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: ACD

Specimen Volume: 4 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send specimen in original tube.

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

Specimen Type	Temperature	Time
Whole blood	Ambient (preferred)	7 days
	Refrigerated	7 days

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
18229	Final Diagnosis:	Alphanumeric		34574-4

**Components:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	IGH GENE REARRANG DIR PROBE	1	81262		
Billing only	IGK REARRANGEABN CLONAL POP	1	81264		

**Reference Values:**

An interpretive report will be provided.