

Test Catalog

Diagnostic. Prognostic. Predictive. Predisposition.





IGL/MYC t(8;22) Translocation

Alternative Name

IGL/MYC Translocation

Methodology

FISH

Test Description

Probes: IGL/MYC t(8;22)

Disease(s): B-cell lymphoma, double-hit lymphoma, triple-hit lymphoma

Clinical Significance

IGL/MYC translocation is observed recurrently in B-cell lymphomas, and when occurred concurrently with BCL2 and/or BCL6 rearrangement, is classified as double-hit/triple-hit lymphomas having a very poor prognosis.

Specimen Requirements

- Bone Marrow Aspirate: 1-2mL Sodium Heparin Tube. EDTA tube is acceptable
- Peripheral Blood: 2-5mL Sodium Heparin Tube. EDTA tube is acceptable
- Fresh, Unfixed Tissue: Tissue in RPMI
- Bone Marrow/Peripheral Blood Smear or Fresh Tissue Preparation Slides: minimum 1 slide labeled with specimen type.
- Fluids: Equal parts RPMI to specimen volume
- Paraffin Block: H&E slide (required) plus paraffin block. Circle H&E for tech-only.
- Cut Slides: H&E slide (required) plus 2 unstained slides cut at 4 microns. Circle H&E for tech only.

Storage & Transportation

Refrigerate specimen. Do not freeze. Use cold pack for transport, making sure cold pack is not in direct contact with specimen.

CPT Code(s)*

88374x1 automated or 88377x1 manual

New York Approved

Yes

Level of Service

Global, Technical

Turnaround Time

3-5 days

Please direct any questions regarding coding to the payor being billed.

^{*}The CPT codes provided with our test descriptions are based on AMA guidelines and are for informational purposes only. Correct CPT coding is the sole responsibility of the billing party.

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Committed to research as the means to improve patient care, we provide Pharma Services for pharmaceutical companies, in vitro diagnostic manufacturers, and academic scientist-clinicians. We promote joint publications with our client physicians. NeoGenomics welcomes your inquiries for collaborations. Please contact us for more information.

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Rev. 051124