Cincinnati Children's

Division of Human Genetics

STR for Bone Marrow Engraftment

Molecular Genetics Laboratory
CLIA#: 36D0656333
Phone: (513) 636-4474
Fax: (513) 636-4373
Email: moleculargenetics@cchmc.org

Additional information and test requisitions are available at:
www.cincinnatichildrens.org/molecular-genetics

Helping you fit the pieces together

Shipping Instructions

Please enclose test requisition with sample. All information must be completed before sample can be processed.

Place samples in Styrofoam mailer and ship at room temperature by overnight Federal Express to arrive Monday through Friday

Ship to:
Cytogenetics and Molecular Genetics Laboratories
3333 Burnet Avenue NRB 1042
Cincinnati, OH 45229
513-636-4474

INDICATIONS:

To assess the extent of a mixed-cell population (i.e. chimerism) such as after bone marrow transplant.

METHODOLOGY:

This testing can be performed on different specimens according to diagnostic indication:

- **Blood/bone marrow:** Polymerase chain reaction (PCR) amplification of 15, highly variable, short tandem repeats (STRs) followed by capillary electrophoresis for size discrimination to determine the various alleles at the 15 individual loci as well as chromosome X and Y specific products.
- **White blood cell subpopulation:** Lymphocyte subsets are sorted from specimen by the Cincinnati Children's Hospital Diagnostic Immunology Laboratory before the steps listed above are performed by the Molecular Genetics Laboratory.

SENSITIVITY:

This test determines the allele size with >98% sensitivity at each locus.

SPECIMEN:

At least 2mLs of whole blood in lavender top (EDTA) tube. Alternatively, bone marrow aspirates also collected in an EDTA tube are acceptable. Label tube with patient's name, birth date, and date of collection. Phlebotomist must initial tube to verify patient's identity.

White blood cell sub-populations study: Please contact the Cincinnati Children's Hospital Diagnostic Immunology Laboratory to schedule this testing at 513-636-4685 or 513-636-8657

Note: Specimen from the bone marrow donor as well as from the patient pre-transplant are required for performing the engraftment testing.

TURN-AROUND TIME:

4 business days

COST:

Please call 1-866-450-4198 for pricing or with any billing questions.

CPT CODES:

- Engraftment by STR- blood or bone marrow 81267, 81265
- Engraftment by STR- subcell type 81268(x3)

RESULTS:

Results will be reported to the referring physician or designee as specified on the requisition form.

updated 12/2013