



# Test Catalog

Diagnostic. Prognostic. Predictive. Predisposition.



## RARA Break-Apart

### Methodology

FISH

### Test Description

**Disease(s):** APL, AML

**Probes:** RARA (17q21)

### Clinical Significance

This RARA break-apart probe is useful for detecting variant RARA translocations with partners other than PML such as t(5;17) and t(11;17). Testing is recommended when FISH for t(15;17) is negative but extra RARA signals are seen to distinguish variant RARA translocations from trisomy 17. If indicated, follow-up metaphase FISH may be added to identify rearrangement partner chromosomes as an aid to therapy selection. Testing is also useful for verifying RARA status when morphology is suspicious for APL but t(15;17) FISH is negative.

### Specimen Requirements

- **Bone marrow aspirate:** 1-2 mL sodium heparin tube. EDTA tube is acceptable.
- **Peripheral blood:** 2-5 mL sodium heparin tube. EDTA tube is acceptable.
- **Fresh, unfixed tissue:** Tissue in RPMI.
- **Bone Marrow/ Peripheral Blood Smear or Fresh Tissue Touch Preparation Slides:** minimum 1 slide labeled with specimen type.
- **Fluids:** Equal parts RPMI to specimen volume.
- **Fixed Cell Suspension:** A client fixed cell suspension may be submitted for testing as long as it is received in 3:1 Methanol:Glacial Acetic Acid.
- **Paraffin block or cut slides:** Not available.
- **Note:** Please exclude biopsy needles, blades, and other foreign objects from transport tubes. These can compromise specimen viability and yield, and create hazards for employees.

### Storage & Transportation

Refrigerate specimen. Do not freeze. Use cold pack for transport. Make sure cold pack is not in direct contact with specimen. For fresh samples: ship same day as drawn whenever possible; specimens <72 hours old preferred.

### CPT Code(s)\*

88377x1 manual or 88374x1 automated.

### New York Approved

Yes

### Level of Service

Technical, Global

### Turnaround Time

3-5 days

\*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.

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

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