NSW Health Pathology

IG / TCR Clonality Analysis and Measurable Residual Disease Detection

Molecular Genetics, Royal North Shore Hospital, Sydney

2023-06-26

Delivery address (opens 24/7):

Patient Specimen Reception

Level 5 Acute Services Building, Royal North Shore Hospital,

Pacific Highway, St Leonards, NSW 2065

Sample type and volume required:

FFPE Skin biopsy NOT suitable
Blood 10ml, EDTA
Bone marrow 1ml, EDTA

Body fluid 5ml, in 50ml sterile screw-top conical bottom tube ©

Fresh / frozen tissue <u>NO</u> saline, culture medium, gauze, cotton wool etc.

>1mm³ <u>naked</u>, in 5ml sterile screw-top conical bottom tube ©

Required tube: Eppendorf 5.0 mL with screw cap, PCR clean, colorless, cat #0030122321

FFPE tissue 30 shavings of 5µm in 5ml sterile screw-top conical bottom tube (same as fresh / frozen tissues).

Slides and blocks are not accepted.

Transport instructions:

Blood / marrow / FFPE tissue room temperature

Body fluid / Fresh tissue wet ice Frozen tissue dry ice

Rejection criteria (clonality analysis):

< 5% lymphoid population in the sample; clotted; non-dedicated specimen; samples in anticoagulant other than EDTA: sample in incorrect tube type (see above); FFPE skin biopsy; FFPE block; slide.

Turn-around time: 4-6 weeks, depending on sample type

Cost (non-MBS):

DNA integrity check (FFPE & compromised samples only)	\$120
IGH + IGK clonality analysis – Diagnostic investigation	\$750
TCR clonality analysis - Diagnostic investigation	\$750
IGH Minimal residual disease detection, per marker	\$1550 *
TCR Minimal residual disease detection, per marker	\$1550 *
Sequence review (within 4 years of test date)	\$440

N.B. FFPE from different blocks are analysed independently, attracting DNA integrity check fee plus assay cost each.

For further enquiries:

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^{*} MBS item #73310 - From 01 November 2023, Measurable residual disease (MRD) testing by next-generation sequencing, performed on bone marrow from a patient diagnosed with acute lymphoblastic leukaemia for the purposes of determining baseline MRD or facilitating the determination of MRD following combination chemotherapy or after salvage therapy, requested by a specialist or consultant physician practising as a haematologist or oncologist. The number of measurable residual disease (MRD) tests per patient, per episode of disease or per relapse is not expected to exceed 12, inclusive of a baseline assessment.