

Immunocytologic Testing of Bone Marrow, Peripheral Blood, or Peripheral Blood Stem Cells

Instructions for Preparing and Sending Specimens

1. **Bone marrow (BM) aspirate.** Place 2-4 ml from each posterior (or anterior) iliac crest in a green-top (heparin) tube. These specimens should be placed into two separate tubes, maintaining sterility, and gently inverted 3-4x to mix heparin into specimen.
2. **Peripheral Blood (PB).** Place 10 ml in a green-top (heparin) tube, and gently invert 3-4x to mix heparin into specimen.
3. **Peripheral Blood Stem Cells (PBSC).** Place cells in a green-top (heparin) tube, and gently invert 3-4x to insure mixing of heparin into specimen.
 - A. If the patient is not on a study that requires cryopreserving cells for future research, send a volume to contain a minimum of 50×10^6 nucleated cells.
 - B. If the patient is on a study that requires cryopreserving cells for future research and the patient/parents have signed an informed consent allowing banking of extra cells, send a volume to contain a minimum of 100×10^6 nucleated cells.

Do not dilute specimens with media. Do not place specimens in syringes for shipping.

4. **Label** each specimen container with the first and last name of patient (required) and at least one of the following to provide unique identification:
 - A. Date of birth
 - B. Medical record number
 - C. COG or NANT unique identification number

The patient's institutional identification label may be placed on the specimen container. If this is done, place an identical label on the specimen transmittal form.

Also label the specimen with the Obtained Date and Cell Type (BM, PB, or PBSC).

5. **Shipping container.** Enclose the labeled specimen container in a watertight secondary container. A sealed plastic bag or tube are examples of secondary containers that can be used. Place secondary container in outer container, preferably a styrofoam box.
6. **Specimen Transmittal Form.** Use COG or NANT Specimen Transmittal Form as indicated by protocol if patient is registered on a study. If patient is not registered on a study, use the Neuroblastoma Reference Laboratory Specimen Transmittal Form. Be certain that Specimen Transmittal Form and specimen are IDENTICALLY labeled and that each has two identifiers that provide UNIQUE identification. Identification must include name and one or more of the following: birthdate, medical record number, and COG or NANT unique identifier.
7. **Shipping.** Send the specimen package at room temperature for next day delivery so that specimen is received within 24 hours of collection. Longer periods may compromise accuracy of the test. Laboratory hours are Monday through Friday, 9:00 AM to 5:30 PM, and samples must be received during these times. Special arrangements must be made if specimen must be shipped for weekend or holiday arrival. Send the specimens to the following address:

Robert C. Seeger, M.D.
Neuroblastoma Reference Laboratory
Smith Research Tower, Room 509
Childrens Hospital Los Angeles
4650 Sunset Blvd.
Los Angeles, CA 90027-6016