

Reporting Title: DDIT3, Myxoid Liposarcoma, FISH, Ts
Performing Location: Rochester

Ordering Guidance:
This test does not include a pathology consultation. If a pathology consultation is requested, order PATHC / Pathology Consultation, and appropriate testing will be added at the discretion of the pathologist and performed at an additional charge.

Shipping Instructions:
Advise Express Mail or equivalent if not on courier service.

- Necessary Information:
- 1. A pathology report is required for testing to be performed. If not provided, appropriate testing and/or interpretation may be compromised or delayed. Acceptable pathology reports include working drafts, preliminary pathology, or surgical pathology reports.
 - 2. The following information must be included in the report provided:
 - Patient name
 - Block number - must be on all blocks, slides, and paperwork
 - Date of collection
 - Tissue source
 - 3. A reason for testing must be provided. If this information is not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.

Specimen Requirements:
Submit only 1 of the following specimens:

Preferred
Specimen Type: Tissue block
Collection Instructions: Submit a formalin-fixed, paraffin-embedded tumor tissue block. Blocks prepared with alternative fixation methods may be acceptable; provide fixation method used.

Acceptable
Specimen Type: Tissue slides
Slides: 1 Hematoxylin and eosin stained and 4 unstained
Collection Instructions: Submit 1 slide stained with hematoxylin and eosin and 4 consecutive, unstained, positively charged, unbaked slides with 5-micron-thick sections of the tumor tissue. Slides cut from blocks prepared with alternative fixation methods may be acceptable; provide fixation method used.

Forms:
If not ordering electronically, complete, print, and send an [Oncology Test Request](#) (T729) with the specimen.

Specimen Type	Temperature	Time	Special Container
Tissue	Ambient (preferred)		
	Refrigerated		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
DDITF	CG745	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52155	Result Summary	Alphanumeric		50397-9
52157	Interpretation	Alphanumeric		69965-2
54585	Result	Alphanumeric		62356-1
CG745	Reason for Referral	Alphanumeric		42349-1
52158	Specimen	Alphanumeric		31208-2
52159	Source	Alphanumeric		31208-2
52160	Tissue ID	Alphanumeric		80398-1
52161	Method	Alphanumeric		85069-3
55027	Additional Information	Alphanumeric		48767-8
52162	Released By	Alphanumeric		18771-6
53830	Disclaimer	Alphanumeric		62364-5

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

- 88271x2, 88291 DNA probe, each (first probe set), Interpretation and report
- 88271x2-DNA probe, each; each additional probe set (if appropriate)
- 88271-DNA probe, each; coverage for sets containing 3 probes (if appropriate)
- 88271x2-DNA probe, each; coverage for sets containing 4 probes (if appropriate)
- 88271x3-DNA probe, each; coverage for sets containing 5 probes (if appropriate)
- 88274 w/modifier 52-Interphase in situ hybridization, <25 cells, each probe set (if appropriate)
- 88274-Interphase in situ hybridization, 25 to 99 cells, each probe set (if appropriate)
- 88275-Interphase in situ hybridization, 100 to 300 cells, each probe set (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
_PBCT	Probe, +2	1	88271	No	No, (Bill Only)
_PADD	Probe, +1	1	88271	No	No, (Bill Only)
_PB02	Probe, +2	1	88271	No	No, (Bill Only)
_PB03	Probe, +3	1	88271	No	No, (Bill Only)

Test Definition: DDITF

Myxoid/Round Cell Liposarcoma, 12q13
(DDIT3 or CHOP) Rearrangement, FISH, Tissue

_IL25	Interphases, <25	1	88274	No	No, (Bill Only)
_I099	Interphases, 25-99	1	88274	No	No, (Bill Only)
_I300	Interphases, >=100	1	88275	No	No, (Bill Only)

Reference Values:

An interpretive report will be provided.