

Test Definition: TFE3F

Alveolar Soft Part Sarcoma (ASPS)/Renal Cell Carcinoma (RCC), Xp11.23 (TFE3), FISH, Tissue

Reporting Title: TFE3 (Xp11.23), FISH, Ts **Performing Location:** Rochester

Necessary Information:

1. A pathology report is required in order for testing to be performed. Acceptable pathology reports include working drafts, preliminary pathology or surgical pathology reports.

2. 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:

Specimen Type: Tissue

Preferred: Tissue block

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

Acceptable: Slides

Collection Instructions: Four consecutive, unstained, 5 micron-thick sections placed on positively charged slides, and 1 hematoxylin and eosin-stained slide.

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	Туре	Reportable
TFE3F	CG737	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
52091	Result Summary	Alphanumeric		50397-9
52093	Interpretation	Alphanumeric		69965-2
54577	Result	Alphanumeric		35474-6
CG737	Reason For Referral	Alphanumeric		42349-1
52094	Specimen	Alphanumeric		31208-2
52095	Source	Alphanumeric		31208-2
52096	Tissue ID	Alphanumeric		80398-1



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52097	Method	Alphanumeric	85069-3
52098	Released By	Alphanumeric	18771-6
55122	Additional Information	Alphanumeric	48767-8
53838	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)
88271x1-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)
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)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
_1099	Interphases, 25-99	1	88274	No	No, (Bill Only)
_1300	Interphases, >=100	1	88275	No	No, (Bill Only)
_IL25	Interphases, <25	1	88274	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)
_PBCT	Probe, +2	1	88271	No	No, (Bill Only)

Reference Values:

An interpretive report will be provided.