

Reporting Title: Myeloid Sarcoma, FISH, Ts
Performing Location: Rochester

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

Necessary Information:
A reason for referral and pathology report are required in order for testing to be performed. Send information with specimen. Acceptable pathology reports include working drafts, preliminary pathology or surgical pathology reports.

Specimen Requirements:
Specimen Type: Tissue
Preferred: 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: Slides
Collection Instructions: For each probe set ordered, 2 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 a [Hematopathology/Cytogenetics Test Request](#) (T726) 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
MSTF	CG735	Reason for Referral	Plain Text	Yes
MSTF	CG736	Specimen	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52084	Result Summary	Alphanumeric		50397-9
52086	Interpretation	Alphanumeric		69965-2
52085	Result Table	Alphanumeric		93356-4
54576	Result	Alphanumeric		62356-1
CG735	Reason for Referral	Alphanumeric		42349-1
CG736	Specimen	Alphanumeric		31208-2
52087	Source	Alphanumeric		31208-2
52088	Tissue ID	Alphanumeric		80398-1

52089	Method	Alphanumeric		85069-3
52090	Released By	Alphanumeric		18771-6
55121	Additional Information	Alphanumeric		48767-8
53839	Disclaimer	Alphanumeric		62364-5

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

Supplemental Report:

No

CPT Code Information:

- 88291
- 88271 x 2 (if appropriate)
- 88271 x 2 (if appropriate)
- 88271 (if appropriate)
- 88271 x 2 (if appropriate)
- 88271 x 3 (if appropriate)
- 88274 w/modifier 52 (if appropriate)
- 88274 (if appropriate)
- 88275 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
_I099	Interphases, 25-99	1	88274	No	No, (Bill Only)
_I300	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.