

Reporting Title: MYC (8q24), Angiosarcoma, FISH, Ts
Performing Location: Rochester

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

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	Type	Reportable
MA SF	CG896	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
54606	Result Summary	Alphanumeric		50397-9
54609	Interpretation	Alphanumeric		69965-2
54608	Result	Alphanumeric		62356-1
CG896	Reason for Referral	Alphanumeric		42349-1

54610	Specimen	Alphanumeric		31208-2
54611	Source	Alphanumeric		31208-2
54612	Tissue ID	Alphanumeric		80398-1
54613	Method	Alphanumeric		85069-3
54614	Released By	Alphanumeric		18771-6
55126	Additional Information	Alphanumeric		48767-8
53818	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)
- 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)
_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.