
Reporting Title: FGFR2 (10q26.1), 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.](#)

Multiple oncology (cancer) gene panels are also available. For more information see [Hematology, Oncology, and Hereditary Test Selection Guide](#)

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 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.

1. Patient name
2. Block number - must be on all blocks, slides, and paperwork
3. Date of collection
4. 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.

Additional Information:

1. Paraffin-embedded specimens can be from any anatomic location (skin, soft tissue, lymph node, etc).
2. Bone specimens that have been decalcified will be attempted for testing, but the success rate is approximately 50%.

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

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
FGFR2	CG956	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
38094	Result Summary	Alphanumeric		50397-9
38095	Interpretation	Alphanumeric		69965-2
38096	Result	Alphanumeric		62356-1
38097	Reason For Referral	Alphanumeric		42349-1
38098	Specimen	Alphanumeric		31208-2
38099	Source	Alphanumeric		31208-2
38100	Tissue ID	Alphanumeric		80398-1
38101	Method	Alphanumeric		85069-3
38102	Additional Information	Alphanumeric		48767-8
38103	Disclaimer	Alphanumeric		62364-5
38104	Released By	Alphanumeric		18771-6

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.