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**Reporting Title:** HER2, Breast Tumor, FISH, Tissue**Performing Location:** Rochester**Ordering Guidance:**

**This test is only performed on specimens from patients with primary or metastatic breast tumors.**

**This test is not appropriate if the specimen is derived from primary or metastatic gastroesophageal carcinoma.** See H2GE / *HER2* Amplification Associated with Gastroesophageal Cancer, FISH, Tissue. If this test is ordered and the laboratory is informed that the specimen is a primary or metastatic gastroesophageal carcinoma, it will be canceled and automatically reordered by the laboratory as H2GE.

For all other tumor types, order H2MT / *HER2* Amplification, Miscellaneous Tumor, FISH, Tissue. If this test is ordered and the laboratory is informed that the specimen is a primary or metastatic colorectal adenocarcinoma, endometrial serous carcinoma, urothelial carcinoma, or any other non-breast, non-gastroesophageal it will be canceled and automatically reordered by the laboratory as H2MT.

**This test does not include a pathology consult.** If a pathology consultation is requested, order PATHC / Pathology Consultation, and the 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

-**Fixation used AND time in Fixation** (recommended: >6 hours and <72 hours).

**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:**

**Note:** In accordance with College of American Pathologists guidelines, place specimens for *HER2* (*ERBB2*) testing in fixative within one hour of biopsy or resection (cold ischemia time). Specimens should remain in 10% neutral buffered formalin for a minimum of 6 hours to a maximum of 72 hours (formalin fixation time). Do not use decalcification solutions with strong acids. (CAP Accreditation Program. CYG.48932 Fixation - *HER2* (*ERBB2*) Breast Predictive Marker Testing. Cytogenetics Checklist. College of American Pathologists. 08/2023)

**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 a [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
H2BR	GC028	Reason for Referral	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
603074	Result Summary	Alphanumeric		50397-9
603075	Interpretation	Alphanumeric		69965-2
603076	Result	Alphanumeric		62356-1
GC028	Reason for Referral	Alphanumeric		42349-1
603077	Specimen	Alphanumeric		31208-2
603078	Source	Alphanumeric		85303-6
603079	Tissue ID	Alphanumeric		80398-1
603080	Fixative	Alphanumeric		8100-0
603081	Method	Alphanumeric		85069-3
603082	Additional Information	Alphanumeric		48767-8
603083	Disclaimer	Alphanumeric		62364-5
603084	Released By	Alphanumeric		18771-6

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

**Supplemental Report:**

No

CPT Code Information:

88377

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HERBM	HER Breast Semi Quant IHC Manual	1	88360	No	No
HERBN	HER Breast IHC Automated NO Reflex	1	88361	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HERBN	MA012	Fixed in 10% NB formalin w/in 1 hr	Alphanumeric		8100-0
HERBN	MA013	Fixed in 10% NB formalin 6-72 hrs	Alphanumeric		8100-0
HERBN	MA014	Tumor type	Alphanumeric		44638-5
HERBN	MA015	Tumor classification	Alphanumeric		21918-8
HERBN	70975	Interpretation	Alphanumeric		50595-8
HERBN	70976	Participated in the Interpretation	Alphanumeric		No LOINC Needed
HERBN	70979	Material Received	Alphanumeric		81178-6
HERBN	70977	Report electronically signed by	Alphanumeric		19139-5
HERBN	71622	Disclaimer	Alphanumeric		62364-5
HERBN	71836	Case Number	Alphanumeric		80398-1
HERBN	MA047	Tissue was decalcified	Alphanumeric		8100-0

Reference Values:

An interpretive report will be provided.