

Reporting Title: SLL, FISH, Tissue
Performing Location: Rochester

Ordering Guidance:
This test does not include a pathology consultation. If a pathology consultation is requested, order PATHC / Pathology Consultation and the appropriate fluorescence in situ hybridization test (FISH) test will be added and performed at an additional charge.

Mayo Hematopathology Consultants are involved in both the preanalytic (tissue adequacy and probe selection, when applicable) and postanalytic (interpretation of FISH results in context of specific case, when applicable) phases.

This test is **not appropriate** for testing blood and bone marrow from patients with chronic lymphocytic leukemia. See CLLDF / Chronic Lymphocytic Leukemia (CLL), Diagnostic FISH, Varies or CLLMF / Chronic Lymphocytic Leukemia (CLL), Specified FISH, Varies.

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
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.

Acceptable
Specimen Type: Tissue slides
Slides:1 Hematoxylin and eosin-stained (H and E) stained and 10 unstained
Collection Instructions: Submit 1 slide stained with H and E and 10 consecutive, unstained, positively charged, unbaked slides with 5-micron-thick sections of the tumor tissue.

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
SLL	GC038	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
603129	Result Summary	Alphanumeric		50397-9
603130	Interpretation	Alphanumeric		69965-2
603131	Result Table	Alphanumeric		93356-4
603132	Result	Alphanumeric		62356-1
GC038	Reason for Referral	Alphanumeric		42349-1
603133	Specimen	Alphanumeric		31208-2
603134	Source	Alphanumeric		31208-2
603135	Tissue ID	Alphanumeric		80398-1
603136	Method	Alphanumeric		85069-3
603137	Additional Information	Alphanumeric		48767-8
603138	Disclaimer	Alphanumeric		62364-5
603139	Released By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

- 88377-if 1 probe set
- 88377 x 2-if 2 probe sets
- 88377 x 3-if 3 probe sets
- 88377 x 4-if 4 probe sets
- 88377 x 5-if 5 probe sets
- 88377 x 6-if 6 probe sets
- 88377 x 7-if 7 probe sets
- 88377 x 8-if 8 probe sets

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
_PRAG	Probe, Each Additional (SLL)	1	88377	No	No, (Bill Only)

Reference Values:
An interpretive report will be provided.