
Reporting Title: 1p/19q Deletion, Glioma, FISH, Ts
Performing Location: Rochester**Shipping Instructions:**

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

A reason for testing 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:

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: Six consecutive, unstained, 5 micron-thick sections placed on positively charged slides, and 1 hematoxylin and eosin-stained slide.

Specimen Minimum Volume:

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
GLIOF	CG739	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52107	Result Summary	Alphanumeric		50397-9
52109	Interpretation	Alphanumeric		69965-2
52108	Result	Alphanumeric		62356-1
CG739	Reason For Referral	Alphanumeric		42349-1
52110	Specimen	Alphanumeric		31208-2
52111	Source	Alphanumeric		31208-2
52112	Tissue ID	Alphanumeric		80398-1
52113	Method	Alphanumeric		85069-3
54579	Additional Information	Alphanumeric		48767-8
53836	Disclaimer	Alphanumeric		62364-5
52114	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)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
_I099	Interphases, 25-99			No	No (Bill Only)
_I300	Interphases, >=100			No	No (Bill Only)
_IL25	Interphases,			No	No (Bill Only)
_PADD	Probe, +1			No	No (Bill Only)
_PB02	Probe, +2			No	No (Bill Only)
_PB03	Probe, +3			No	No (Bill Only)
_PBCT	Probe, +2			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.