

MAYO CLINIC
LABORATORIES
Alveolar Rhabdomyosarcoma (ARMS), 13q14 (FOXO1 or FKHR) Rearrangement, FISH, Tissue

Reporting Title: FOXO1 (13q14), ARMS, FISH, Ts

Performing Location: Rochester

Ordering Guidance:

If a pathology consultation is desired, order PATHC / Pathology Consultation.

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.

Specimen Minimum Volume:

Two consecutive, unstained, 5-micron thick sections placed on positively charged slides, and 1 hematoxylin and eosin (H and E)-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)		

Test Definition: FOXOF

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Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Туре	Reportable
FOXOF	CG752	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
52211	Result Summary	Alphanumeric		50397-9
52213	Interpretation	Alphanumeric		69965-2
52389	Result	Alphanumeric		62356-1
CG752	Reason for Referral	Alphanumeric		42349-1
52214	Specimen	Alphanumeric		31208-2
52215	Source	Alphanumeric		31208-2
52216	Tissue ID	Alphanumeric		80398-1
52217	Method	Alphanumeric		85069-3
54592	Additional Information	Alphanumeric		48767-8
52824	Disclaimer	Alphanumeric		62364-5
52218	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271 x 2, 88291-DNA probe, each (first probe set), Interpretation and report

88271 x 2-DNA probe, each; each additional probe set (if appropriate)

88271-DNA probe, each; coverage for sets containing 3 probes (if appropriate)

88271 x 2-DNA probe, each; coverage for sets containing 4 probes (if appropriate)

88271 x 3-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)

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Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
_PBCT	Probe, +2			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)
_IL25	Interphases,			No	No (Bill Only)
_1099	Interphases, 25-99			No	No (Bill Only)
_1300	Interphases, >=100			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.