
Reporting Title: Plasma Cell Prolif, 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.

For the most complete genetic evaluation on fresh bone marrow specimens, order MPCDS / mSMART, Plasma Cell Proliferative Disorder, FISH, Bone Marrow.

For evaluation of high-risk abnormalities in addition to CCND1/IGH fusion on fresh bone marrow specimens, order PCPDS / Plasma Cell Proliferative Disorder, High Risk with Reflex Probes, Diagnostic FISH Evaluation, Bone Marrow.

For fixed cell pellet specimens, order MFCDF / Myeloma, High Risk with Reflex Probes, Diagnostic FISH Evaluation, Fixed Cell Pellet

Testing will be changed to the appropriate test if this test is ordered on either of the previous specimen types.

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.
 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:

Specimen Type: Tissue

Preferred: 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: Tissue slides

Slides: 1 Hematoxylin and eosin stained and 10 unstained

Collection Instructions: Submit 10 consecutive unstained, positively charged, unbaked slides with 5 micron-thick sections of the tumor tissue and 1 slide stained with hematoxylin and eosin.

Specimen Minimum Volume:

Tissue block: 1 block

Tissue slides: 1 Hematoxylin and eosin stained and 7 unstained

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
PLASF	CG753	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52219	Result Summary	Alphanumeric		50397-9
52221	Interpretation	Alphanumeric		69965-2
52220	Result Table	Alphanumeric		93356-4
54593	Result	Alphanumeric		62356-1
CG753	Reason for Referral	Alphanumeric		42349-1
52222	Specimen	Alphanumeric		31208-2
52223	Source	Alphanumeric		31208-2
52224	Tissue ID	Alphanumeric		80398-1
52225	Method	Alphanumeric		85069-3
55033	Additional Information	Alphanumeric		48767-8

Result ID	Reporting Name	Type	Unit	LOINC®
53823	Disclaimer	Alphanumeric		62364-5
52226	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	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.