

**Reporting Title:** FUS (16p11.2), FISH, Ts**Performing Location:** Rochester**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-stained slide.

Specimen Type	Temperature	Time	Special Container
Tissue	Ambient (preferred)		
	Refrigerated		

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
FUSF	CG754	Reason for Referral	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
52227	Result Summary	Alphanumeric		50397-9
52229	Interpretation	Alphanumeric		69965-2
54594	Result	Alphanumeric		62356-1
CG754	Reason for Referral	Alphanumeric		42349-1
52230	Specimen	Alphanumeric		31208-2
52231	Source	Alphanumeric		31208-2
52232	Tissue ID	Alphanumeric		80398-1
52233	Method	Alphanumeric		85069-3
55034	Additional Information	Alphanumeric		48767-8
53822	Disclaimer	Alphanumeric		62364-5
52234	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)Â Â Â Â Â Â Â

**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)
_I099	Interphases, 25-99			No	No (Bill Only)
_I300	Interphases, >=100			No	No (Bill Only)

**Reference Values:**

An interpretative report will be provided.