
Reporting Title: Sex Chromosome, FISH, Ts**Performing Location:** Rochester**Ordering Guidance:**

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

This testing is not appropriate for distinguishing tissue from the same gender, as in a same-sex transplant or potential tissue mix-up between 2 male patients or 2 female patients.

This evaluation can be more complicated in a post-transplant neoplastic evaluation and may not produce a confirmatory result.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

1. A reason for testing and a 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.
2. If a transplant has been performed, provide organ (ie, bone marrow, heart, lung, kidney, etc) and gender of donor information when sending the specimen.

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 (H and E)-stained slide.

Specimen Minimum Volume:

See Specimen Required

Forms:

New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file.
The following documents are available in Special Instructions:

- Informed Consent for Genetic Testing (T576)
- Informed Consent for Genetic Testing-Spanish (T826)

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
SCTF	CG733	Reason for Referral	Plain Text	Yes
SCTF	CG734	Specimen	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52077	Result Summary	Alphanumeric		50397-9
52079	Interpretation	Alphanumeric		69965-2
52078	Result	Alphanumeric		87436-2
CG733	Reason for Referral	Alphanumeric		42349-1
CG734	Specimen	Alphanumeric		31208-2
52080	Source	Alphanumeric		31208-2
52081	Tissue ID	Alphanumeric		80398-1
52082	Method	Alphanumeric		85069-3
54575	Additional Information	Alphanumeric		48767-8
53840	Disclaimer	Alphanumeric		62364-5
52083	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)

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.