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**Reporting Title:** ROS1 (6q22), 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.

Multiple oncology (cancer) gene panels are also available. For more information see Hematology, Oncology, and Hereditary Test Selection Guide

**Additional Testing Requirements:**

Confirmation testing for the presence of a possible ROS1 fusion transcript by next generation sequencing to resolve atypical or unbalanced fluorescence in situ hybridization results is available, order MCLNR / MayoComplete Lung Rearrangements, Rapid Test, Tumor.

**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.

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:

Preferred

Specimen Type: Tissue block

Collection Instructions: Submit a formalin-fixed, paraffin-embedded tumor tissue block. Blocks prepared with alternative fixation methods will be attempted but are less favorable for successful results by FISH testing; provide fixation method used.

Additional Information:

1. Paraffin-embedded specimens can be from any anatomic location (skin, soft tissue, lymph node, etc).
2. Bone specimens that have been decalcified will be attempted for testing, but the success rate is approximately 50%.

Acceptable

Specimen Type: Tissue slides

Slides: 1 Hematoxylin and eosin stained and 4 unstained

Collection Instructions: Submit 4 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:**

Slides: 1 Hematoxylin and eosin stained and 2 unstained

**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
ROS1F	CG755	Reason for Referral	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
52235	Result Summary	Alphanumeric		50397-9
52237	Interpretation	Alphanumeric		69965-2
54595	Result	Alphanumeric		62356-1
CG755	Reason for Referral	Alphanumeric		42349-1
52238	Specimen	Alphanumeric		31208-2
52239	Source	Alphanumeric		31208-2
52240	Tissue ID	Alphanumeric		80398-1
52241	Method	Alphanumeric		85069-3

Result ID	Reporting Name	Type	Unit	LOINC®
55035	Additional Information	Alphanumeric		48767-8
53821	Disclaimer	Alphanumeric		62364-5
52242	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 Â

## 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)

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**Reference Values:**

An interpretive report will be provided.