
Reporting Title: Endometrial Stromal Tumor, 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

This test is not intended for male patients.

Additional Testing Requirements:

Confirmation testing by next-generation sequencing to resolve atypical or unbalanced fluorescence in situ hybridization results of these gene regions is available, order SARCP / Sarcoma Targeted Gene Fusion/Rearrangement Panel, Next-Generation Sequencing, 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.
2. The following information must be included in the report provided.
 - Patient name
 - Block number - must be on all blocks, slides, and paperwork
 - Date of collection
 - 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 may be acceptable; provide fixation method used.

Acceptable

Specimen Type: Tissue slides

Slides: 1 Hematoxylin and eosin stained and 6 unstained

Collection Instructions: Submit 1 slide stained with hematoxylin and eosin and 6 consecutive unstained, positively-charged, unbaked slides with 5 micron-thick sections of the tumor tissue.

Specimen Minimum Volume:

Slides: 1 Hematoxylin and eosin stained and 3 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
ESTUF	CG744	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52147	Result Summary	Alphanumeric		50397-9
52149	Interpretation	Alphanumeric		69965-2
54584	Result	Alphanumeric		62356-1
CG744	Reason for Referral	Alphanumeric		42349-1
52150	Specimen	Alphanumeric		31208-2
52151	Source	Alphanumeric		31208-2
52152	Tissue ID	Alphanumeric		80398-1
52153	Method	Alphanumeric		85069-3
55026	Additional Information	Alphanumeric		48767-8
53831	Disclaimer	Alphanumeric		62364-5

Result ID	Reporting Name	Type	Unit	LOINC®
52154	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)

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 interpretive report will be provided.