
Reporting Title: MYC (8q24), Angiosarcoma, 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.

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 |
|---------|-------------|---------------------|------------|------------|
| MASF | CG896 | Reason for Referral | Plain Text | Yes |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------|--------------|------|---------|
| 54606 | Result Summary | Alphanumeric | | 50397-9 |
| 54609 | Interpretation | Alphanumeric | | 69965-2 |
| 54608 | Result | Alphanumeric | | 62356-1 |
| CG896 | Reason for Referral | Alphanumeric | | 42349-1 |
| 54610 | Specimen | Alphanumeric | | 31208-2 |
| 54611 | Source | Alphanumeric | | 31208-2 |
| 54612 | Tissue ID | Alphanumeric | | 80398-1 |
| 54613 | Method | Alphanumeric | | 85069-3 |
| 55126 | Additional Information | Alphanumeric | | 48767-8 |
| 53818 | Disclaimer | Alphanumeric | | 62364-5 |
| 54614 | 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 |
|---------|--------------------|-----------|----------|------------------|----------------------|
| _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.