

**Reporting Title:** MGMT Promoter Methylation, Tumor**Performing Location:** Rochester**Necessary Information:**

Pathology report (final or preliminary), at minimum containing the following information, must accompany specimen for testing to be performed:

1. Patient name
2. Block number-must be on all blocks, slides, and paperwork (can be handwritten on the paperwork)
3. Tissue collection date
4. Source of the tissue

**Specimen Requirements:**

Preferred:

Specimen Type: Tissue

Container/Tube: Tissue block

Collection Instructions: Submit a formalin-fixed, paraffin-embedded tissue block. At least 40% tumor is required for this assay. In general, a 6 mm x 3 mm area of tissue cut at 5-micron thickness is the minimum amount of tissue needed; this could be collected over multiple slides.

Acceptable:

Specimen Type: Tissue sections

Slides: 1 Stained and 5 unstained

Collection Instructions: Submit 1 slide stained with hematoxylin and eosin and 5 unstained, nonbaked slides with 5-micron thick sections of the tumor. At least 40% tumor is required for this assay. In general, a 6 mm x 3 mm area of tissue cut at 5-micron thickness is the minimum amount of tissue needed; this could be collected over multiple slides.

**Specimen Minimum Volume:**

5 Unstained slides at 5-microns thickness

**Forms:**

If not ordering electronically, complete, print, and send an Oncology Test Request (T729) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		
	Frozen		
	Refrigerated		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
36734	Result Summary	Alphanumeric		50397-9
36735	Result	Alphanumeric		60252-4
36736	Interpretation	Alphanumeric		69047-9
36737	Additional Information	Alphanumeric		48767-8
36738	Specimen	Alphanumeric		31208-2
36739	Source	Alphanumeric		31208-2
36740	Tissue ID	Alphanumeric		80398-1
36741	Released by	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

81287

88381

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
SLIRV	Slide Review in MG			Yes	No (Bill Only)

**Reference Values:**

An interpretive report will be provided.