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**Reporting Title:** MET (7q31), 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 by Microarray testing to resolve atypical fluorescence in situ hybridization results is available, order CMAPT / Chromosomal Microarray, Tumor, Formalin-Fixed Paraffin-Embedded

**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?
  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
METF	CG938	Reason for Referral	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
55203	Result Summary	Alphanumeric		50397-9
55204	Interpretation	Alphanumeric		69965-2
55206	Result	Alphanumeric		62356-1
CG938	Reason for Referral	Alphanumeric		42349-1
55207	Specimen	Alphanumeric		31208-2
55208	Source	Alphanumeric		31208-2
55209	Tissue ID	Alphanumeric		80398-1
55210	Method	Alphanumeric		85069-3
55211	Additional Information	Alphanumeric		48767-8

Result ID	Reporting Name	Type	Unit	LOINC®
55212	Disclaimer	Alphanumeric		62364-5
55224	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

**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)

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**Reference Values:**

An interpretive report will be provided.