

Reporting Title: Lymph3Cx, Lg Bcell Lymphoma,mRNA,Ts**Performing Location:** Rochester**Ordering Guidance:**

This test does not include a pathology consultation. If a pathology consultation is requested, PATHC / Pathology Consultation will be ordered and performed at an additional charge.

Necessary Information:

Pathology report (final or preliminary) must accompany specimen in order for testing to be performed. At minimum, it should contain the following information:

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:

Submit only 1 of the following specimens:

Preferred:

Specimen Type: Tissue slides

Slides: 1 stained and 7 unstained

Collection Instructions: Submit 1 slide stained with hematoxylin and eosin and 7 consecutive, unstained, 5-micron thick sections placed on positively charged slides.

Additional Information: Paraffin embedded specimens can be from any anatomic location (skin, soft tissue, lymph node, etc).

Acceptable:

Specimen Type: Tissue block

Collection Instructions: Submit a formalin-fixed, paraffin-embedded tumor tissue block.

Specimen Minimum Volume:

Minimum 60% tumor with or without macrodissection.

Minimum required unstained tissue section input: 0.12 mm(3)

Slides: If the tumor surface area is less than or equal to 4 mm(2), submit a minimum of 3 slides; if the tumor surface area is 5 to 11 mm(2), submit a minimum of 2 slides; if the tumor surface area is greater than 11 mm(2), submit a minimum of 1 slide.

Specimen Type	Temperature	Time	Special Container
Tissue, Paraffin	Ambient (preferred)		

Refrigerated

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
606164	Lymph3Cx, Large B-cell Lymphoma, mRNA, Tissue	Alphanumeric		93779-7
606165	PMBCL Probability	Numeric		93780-5
606185	PMBCL Call	Alphanumeric		93782-1
606166	DLBCL Probability	Numeric		93781-3
606186	DLBCL COO	Alphanumeric		93783-9

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:0120U
88381**Reflex Tests:**

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

Reference Values:

Not applicable