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**Reporting Title:** Sarcoma Targeted Gene Fusion Panel**Performing Location:** Rochester**Ordering Guidance:**

Multiple oncology (cancer) gene panels are available. For more information see Hematology, Oncology, and Hereditary Test Selection Guide.

**Necessary Information:**

Pathology report (final or preliminary), at minimum containing the following information, must accompany specimen in order 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:**

This assay requires at least 10% tumor nuclei.

- Preferred amount of tumor area with sufficient percent tumor nuclei: tissue 144 mm(2)
- Minimum amount of tumor area: tissue 36 mm(2)
- These amounts are cumulative over up to 10 unstained slides and must have adequate percent tumor nuclei.
- Tissue fixation: 10% neutral buffered formalin, not decalcified
- For specimen preparation guidance, see Tissue Requirement for Solid Tumor Next-Generation Sequencing. In this document, the sizes are given as 4 mm x 4 mm x 10 slides as preferred: approximate/equivalent to 144 mm(2) and the minimum as 3 mm x 1 mm x 10 slides: approximate/equivalent to 36 mm(2).

Preferred:

Specimen Type: Formalin-fixed, paraffin-embedded (FFPE) tissue

Container/Tube: Tissue block

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

Acceptable:

Specimen Type: FFPE Tissue

Slides: 1 Stained and 10 unstained

Collection Instructions: Submit 1 slide stained with hematoxylin and eosin and 10 unstained, nonbaked slides with 5-micron thick sections of the tumor tissue.

Specimen Type: Cytology slide (direct smears or ThinPrep)

Slide: 1 to 3 slides

Collection Instructions: Submit 1 to 3 slides stained and coverslipped with a preferred total of 5000 nucleated cells or a minimum of at least 3000 nucleated cells.

Note: Glass coverslips are preferred; plastic coverslips are acceptable but will result in longer turnaround times.

Additional Information: Cytology slides will not be returned.

**Specimen Minimum Volume:**

See Specimen Required

**Forms:**

If not ordering electronically, complete, print, and send a 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®
606430	Result Summary	Alphanumeric		50397-9
606431	Result	Alphanumeric		95123-6
606432	Interpretation	Alphanumeric		69047-9
606433	Additional Information	Alphanumeric		48767-8
606434	Method	Alphanumeric		85069-3
606435	Disclaimer	Alphanumeric		62364-5
606436	Specimen	Alphanumeric		31208-2
606437	Source	Alphanumeric		39111-0
606452	Tissue ID	Alphanumeric		80398-1
606438	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

81456

88381

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**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.