
Reporting Title: B-Lymphoblastic Leuk/Lymph, 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.

For testing non-paraffin bone marrow or blood specimens from patients with B-cell acute lymphoblastic leukemia/lymphoma, order either BALPF / B-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), Pediatric, FISH, Varies or BALAF / B-Cell Acute Lymphoblastic Leukemia/Lymphoma (ALL), FISH, Adult, Varies, depending on the patient's age. If a non-paraffin embedded bone marrow or blood specimen is received for this test, this test will be canceled, and either BALPF or BALAF, depending on patient's age, will be added and performed as the appropriate test.

For patients with B-cell lymphoma, order BLYM / B-Cell Lymphoma, FISH, Tissue.

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 may be acceptable; 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 20 unstained

Collection Instructions: Submit 1 slide stained with hematoxylin and eosin and 20 consecutive unstained, positively charged, unbaked slides with 5-micron thick sections of the tumor tissue.

Specimen Minimum Volume:

Slides: 1 Hematoxylin and eosin stained and 15 unstained

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-Hematopathology/Cytogenetics Test Request (T726)

-Children's Oncology Group Test Request (T829)

Specimen Type	Temperature	Time	Special Container
Tissue	Ambient (preferred)		
	Refrigerated		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
BLBLF	GC057	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
609452	Result Summary	Alphanumeric		50397-9
609453	Interpretation	Alphanumeric		69965-2
609454	Result Table	Alphanumeric		93356-4
609455	Result	Alphanumeric		62356-1
GC057	Reason for Referral	Alphanumeric		42349-1
609456	Specimen	Alphanumeric		31208-2
609457	Source	Alphanumeric		31208-2
609458	Tissue ID	Alphanumeric		80398-1
609459	Method	Alphanumeric		85069-3

Result ID	Reporting Name	Type	Unit	LOINC®
609460	Additional Information	Alphanumeric		48767-8
609461	Disclaimer	Alphanumeric		62364-5
609462	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271 x 2, 88291-DNA probe, each (first probe set), interpretation and report
 88271 x 2-DNA probe, each; each additional probe set (if appropriate)
 88271-DNA probe, each; coverage for sets containing 3 probes (if appropriate)
 88271 x 2-DNA probe, each; coverage for sets containing 4 probes (if appropriate)
 88271 x 3-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
_IL25	Interphases,			No	No (Bill Only)
_I099	Interphases, 25-99			No	No (Bill Only)
_I300	Interphases, >=100			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)
_PBCT	Probe, +2			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.