
Reporting Title: Chronic Eosinophilia, Diag FISH**Performing Location:** Rochester**Ordering Guidance:**

This test is intended to be ordered when the entire chronic eosinophilia fluorescence in situ hybridization (FISH) panel is needed.

If limited chronic eosinophilia FISH probes are preferred, order EOSMF / Chronic Eosinophilia, Specified FISH, Varies.

At follow-up, targeted chronic eosinophilia probes can be evaluated based on the abnormalities identified in the diagnostic study. Order EOSMF/ Chronic Eosinophilia, Specified FISH, Varies. and request a specific probe to evaluate the known genomic abnormality.

Paraffin embedded tissue testing is not available for these probe sets.

Necessary Information:

A reason for testing and a flow cytometry and/or a bone marrow pathology report should be submitted with each specimen. The laboratory will not reject testing if this information is not provided however, appropriate testing and interpretation may be compromised or delayed. If 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: Bone marrow

Container/Tube:

Preferred: Yellow top (ACD)

Acceptable: Green top (heparin) or lavender top (EDTA)

Specimen Volume: 2-3 mL

Collection Instructions:

1. It is preferable to send the first aspirate from the bone marrow collection.
2. Invert several times to mix bone marrow.
3. Send bone marrow specimen in original tube. Do not aliquot.

Acceptable

Specimen Type: Blood

Container/Tube:

Preferred: Yellow top (ACD)

Acceptable: Green top (heparin) or lavender top (EDTA)

Specimen Volume: 6 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. Do not aliquot.

Specimen Minimum Volume:

Blood: 2 mL

Bone Marrow: 1 mL

Forms:

If not ordering electronically, complete, print, and send a Hematopathology/Cytogenetics Test Request (T726) with the specimen.

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
EOSDF	GC080	Reason for Referral	Plain Text	Yes
EOSDF	GC081	Specimen: <ul style="list-style-type: none">• Whole blood ACD• Bone marrow ACD• Whole blood Na Hep• Bone marrow Na Hep• Whole blood EDTA• Bone marrow EDTA	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
609588	Result Summary	Alphanumeric		50397-9
609589	Interpretation	Alphanumeric		69965-2
609590	Result Table	Alphanumeric		93356-4
609591	Result	Alphanumeric		62356-1
GC080	Reason for Referral	Alphanumeric		42349-1
GC081	Specimen	Alphanumeric		31208-2
609592	Source	Alphanumeric		31208-2

Result ID	Reporting Name	Type	Unit	LOINC®
609593	Method	Alphanumeric		85069-3
609594	Additional Information	Alphanumeric		48767-8
609595	Disclaimer	Alphanumeric		62364-5
609596	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271 x11, 88275 x5, 88291 x1-FISH Probe, Analysis, Interpretation; 5 probe sets
88271 x2, 88275 x1-FISH Probe, Analysis; each additional probe set (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
EOSDB	Probe, Each Additional (EOSDF)			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.