
Reporting Title: Congenital Infantile Leuk, FISH, Ts**Performing Location:** Rochester**Ordering Guidance:**

This test is only performed on specimens from patients with acute leukemia who are 18 months of age or younger.

For testing bone marrow or blood specimens from patients with congenital infantile leukemia, order CILDF / Congenital Infantile Leukemia, Diagnostic FISH, Varies.

If this test is ordered on a patient older than 18 months of age and the reason for testing is B-cell or T-cell acute lymphocytic leukemia (B-ALL or T-ALL), this test will be canceled and automatically reordered by the laboratory as BLBLF / B-Cell Acute Lymphoblastic Leukemia/Lymphoma, FISH, Tissue or TLBLF / T-Cell Acute Lymphoblastic Leukemia/Lymphoma, FISH, Tissue.

If this test is ordered on a patient older than 18 months of age and the reason for testing is acute myeloid leukemia (AML), this test will be canceled and automatically reordered by the laboratory as MSTF / Myeloid Sarcoma, FISH, Tissue.

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

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

A reason for testing and pathology report are required for testing to be performed. Send information with specimen. Acceptable pathology reports include working drafts, preliminary pathology or surgical pathology reports. The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed. 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:

Specimen Type: Tissue

Preferred: Tissue block

Collection Instructions: Submit a formalin-fixed, paraffin-embedded (FFPE) tumor tissue block. Blocks prepared with alternative fixation methods may be acceptable; provide fixation method used.

Additional Information:

1. The paraffin embedded specimen can be from any anatomic location (skin, soft tissue, lymph node, etc.).
2. Bone specimens that have been decalcified will be attempted for FISH, with a success rate of approximately 50%.

Acceptable: Slides

Collection Instructions: 20 Consecutive, unstained, 5 micron-thick sections placed on positively charged slides, and 1

hematoxylin and eosin-stained slide.

Specimen Minimum Volume:

15 consecutive, unstained, 5-micron-thick sections placed on positively charged slides, and 1 hematoxylin and eosin-stained slide.

Forms:

If not ordering electronically, complete, print, and send a Hematopathology/Cytogenetics Test Request (T726) 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
CILPF	GC095	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
614181	Result Summary	Alphanumeric		50397-9
614182	Interpretation	Alphanumeric		69965-2
614183	Result Table	Alphanumeric		93356-4
614184	Result	Alphanumeric		62356-1
GC095	Reason for Referral	Alphanumeric		42349-1
614185	Specimen	Alphanumeric		31208-2
614186	Source	Alphanumeric		31208-2
614187	Tissue ID	Alphanumeric		80398-1
614188	Method	Alphanumeric		85069-3
614189	Additional Information	Alphanumeric		48767-8

Result ID	Reporting Name	Type	Unit	LOINC®
614190	Disclaimer	Alphanumeric		62364-5
614191	Released by	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271 x2, 88291-DNA probe, each (first probe set), interpretation and report
 88271 x2-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
_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)
_IL25	Interphases,			No	No (Bill Only)
_I099	Interphases, 25-99			No	No (Bill Only)
_I300	Interphases, >=100			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.