Chronic Eosinophilia, Specified FISH, Varies

Test Definition: EOSMF

Reporting Title: Chronic Eosinophilia, Spec FISH **Performing Location:** Rochester

MAYO CLINIC

Ordering Guidance:

This test is intended for instances when limited chronic eosinophilia fluorescence in situ hybridization (FISH) probes are needed. The FISH probes to be analyzed must be specified on the request, otherwise test processing may be delayed in order to determine the intended analysis. If specific probes are not included with this test request, this test may be canceled and automatically reordered by the laboratory as EOSDF / Chronic Eosinophilia, Diagnostic FISH, Varies.

If the entire chronic eosinophilia FISH panel is preferred, order EOSDF / Chronic Eosinophilia, Diagnostic, FISH, Varies.

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

This test is ordered for targeted FISH probes to be evaluated based on specific abnormalities or on abnormalities identified in the diagnostic sample.

At diagnosis, a EOSDF / Chronic Eosinophilia, Diagnostic, FISH, Varies panel and a conventional chromosome study should be performed.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

1. A list of probes requested for analysis is required. Probes available for this test are listed in the Testing Algorithm section.

2. A reason for testing should be 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.

3. A pathology and/or flow cytometry report may be requested by the laboratory to optimize testing and aid in interpretation of results.

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.



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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	emperature Time	
Varies	Ambient (preferred)		
	Refrigerated		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Туре	Reportable
EOSMF	GC113	Reason for Referral	Plain Text	Yes
EOSMF	GC114	Probes Requested	Plain Text	Yes
EOSMF	GC115	Specimen: • Whole blood ACD • Bone marrow ACD • Whole blood Na Hep • Bone marrow Na Hep • Whole blood EDTA • Bone marrow EDTA	Answer List	Yes



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Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
614256	Result Summary	Alphanumeric		50397-9
614257	Interpretation	Alphanumeric		69965-2
614258	Result Table	Alphanumeric		93356-4
614259	Result	Alphanumeric		62356-1
GC113	Reason for Referral	Alphanumeric		42349-1
GC114	Probes Requested	Alphanumeric		78040-3
GC115	Specimen	Alphanumeric		31208-2
614260	Source	Alphanumeric		31208-2
614261	Method	Alphanumeric		85069-3
614262	Additional Information	Alphanumeric		48767-8
614263	Disclaimer	Alphanumeric		62364-5
614264	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271 x2, 88275 x1, 88291 x1-FISH Probe, Analysis, Interpretation; 1 probe sets 88271 x2, 88275 x1-FISH Probe, Analysis; each additional probe set (if appropriate) 88271 x1-FISH Probe; coverage for sets containing 3 probes (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
EOSMB	Probe, Each Additional (EOSMF)			No	No (Bill Only)
EOS3B	Probe, Tri-color (EOSMF)			No	No (Bill Only)



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Reference Values:

An interpretive report will be provided.