
Reporting Title: Hematologic Specified FISH**Performing Location:** Rochester**Ordering Guidance:**

Consult with the laboratory before ordering this test.

The fluorescence in situ hybridization (FISH) probes to be analyzed must be specified on the request when ordering, otherwise test processing may be delayed in order to determine the intended analysis. If specific probes are not provided, this test may be canceled by the laboratory.

If testing paraffin-embedded tissue, bone marrow, or blood specimen for specific nonhematologic malignancies is desired, order MISCF / Miscellaneous Studies Using Chromosome-Specific Probes, FISH. If this test is ordered in this situation, it will be canceled and MISCF ordered and performed as the appropriate test.

Necessary Information:

1. A list of probes requested for analysis is required.
2. A reason for testing should be submitted with each specimen. 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.
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.

Acceptable

Specimen Type: Whole 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

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
HEMMF	GC117	Reason for Referral	Plain Text	Yes
HEMMF	GC118	Probes Requested	Plain Text	Yes
HEMMF	GC119	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®
614267	Result Summary	Alphanumeric		50397-9
614268	Interpretation	Alphanumeric		69965-2
614269	Result Table	Alphanumeric		93356-4
614270	Result	Alphanumeric		62356-1
GC117	Reason for Referral	Alphanumeric		42349-1
GC118	Probes Requested	Alphanumeric		78040-3
GC119	Specimen	Alphanumeric		31208-2
614271	Source	Alphanumeric		31208-2
614272	Method	Alphanumeric		85069-3

Result ID	Reporting Name	Type	Unit	LOINC®
614273	Additional Information	Alphanumeric		48767-8
614274	Disclaimer	Alphanumeric		62364-5
614275	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271 x 2, 88275, 88291-FISH Probe, Analysis, Interpretation; 1 probe set
88271 x 2, 88275-FISH Probe, Analysis; each additional probe set (if appropriate)

Reflex Tests:

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

Reference Values:

An interpretive report will be provided.