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**Reporting Title:** NUTM1 (15q14), FISH, Ts  
**Performing Location:** Rochester**Shipping Instructions:**

Advise Express Mail or equivalent if not on courier service.

**Necessary Information:**

1. A pathology report is required in order for testing to be performed. Acceptable pathology reports include working drafts, preliminary pathology or surgical pathology reports.
2. 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:

Specimen Type: Tissue

Container/Tube: Formalin-fixed, paraffin-embedded tumor tissue block

Specimen Type: Slides

Specimen Volume: 4 Consecutive, unstained, 5 micron-thick sections placed on positively charged slides and 1 hematoxylin and eosin-stained slide

**Specimen Minimum Volume:**

2 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 an Oncology Test Request (T729) 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 |
|---------|-------------|---------------------|------------|------------|
| NUT1F   | CG997       | Reason for Referral | Plain Text | Yes        |

**Result Codes:**

| Result ID | Reporting Name         | Type         | Unit | LOINC®  |
|-----------|------------------------|--------------|------|---------|
| 92323     | Result Summary         | Alphanumeric |      | 50397-9 |
| 92324     | Interpretation         | Alphanumeric |      | 69965-2 |
| 92325     | Result                 | Alphanumeric |      | 62356-1 |
| CG997     | Reason For Referral    | Alphanumeric |      | 42349-1 |
| 92326     | Specimen               | Alphanumeric |      | 31208-2 |
| 92327     | Source                 | Alphanumeric |      | 31208-2 |
| 92328     | Tissue ID              | Alphanumeric |      | 80398-1 |
| 92329     | Method                 | Alphanumeric |      | 85069-3 |
| 92330     | Additional Information | Alphanumeric |      | 48767-8 |
| 92331     | Disclaimer             | Alphanumeric |      | 62364-5 |
| 92339     | 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 x 1-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, &lt;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 |
|---------|--------------------|-----------|----------|------------------|----------------------|
| _PBCT   | Probe, +2          |           |          | 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)       |
| _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.