

Reporting Title: TFEB, 6p21.1, FISH**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:

Two 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
TFEBF	GC002	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
92350	Result Summary	Alphanumeric		50397-9
92351	Interpretation	Alphanumeric		69965-2
92352	Result	Alphanumeric		62356-1
GC002	Reason for Referral	Alphanumeric		42349-1
92353	Specimen	Alphanumeric		31208-2
92354	Source	Alphanumeric		31208-2
92355	Tissue ID	Alphanumeric		80398-1
92356	Method	Alphanumeric		85069-3
92357	Additional Information	Alphanumeric		48767-8
92358	Disclaimer	Alphanumeric		62364-5
92359	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, <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
_I099	Interphases, 25-99			No	No (Bill Only)
_I300	Interphases, >=100			No	No (Bill Only)
_IL25	Interphases,			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)
_PBCT	Probe, +2			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.