
Reporting Title: T-Lymphoblastic Leuk/Lymph, FISH,Ts
Performing Location: Rochester**Shipping Instructions:**

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

A reason for referral and pathology report are required in order for testing to be performed. Send information with specimen. Acceptable pathology reports include working drafts, preliminary pathology or surgical pathology reports.

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

Specimen Minimum Volume:

Formalin-fixed paraffin-embedded tissue block or for each probe set ordered, 9 unstained consecutive tissue sections cut at 5 microns and placed on positively charged microscope slides. Include 1 hematoxylin and eosin (H and E) stained slide.

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-Hematopathology/Cytogenetics Test Request (T726)

-Children's Oncology Group Test Request (T829)

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
TLBLF	GC005	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
113467	Result Summary	Alphanumeric		50397-9
113468	Interpretation	Alphanumeric		69965-2
113626	Result Table	Alphanumeric		93356-4
113469	Result	Alphanumeric		62356-1
GC005	Reason for Referral	Alphanumeric		42349-1
113470	Specimen	Alphanumeric		31208-2
113471	Source	Alphanumeric		31208-2
113472	Tissue ID	Alphanumeric		80398-1
113473	Method	Alphanumeric		85069-3
113474	Additional Information	Alphanumeric		48767-8
113475	Disclaimer	Alphanumeric		62364-5
113476	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-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
_I300	Interphases, >=100			No	No
_I099	Interphases, 25-99			No	No
_IL25	Interphases,			No	No
_PB03	Probe, +3			No	No
_PB02	Probe, +2			No	No
_PADD	Probe, +1			No	No
_PBCT	Probe, +2			No	No

Reference Values:

An interpretive report will be provided.