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**Reporting Title:** SLL, FISH, Tissue**Performing Location:** Rochester**Ordering Guidance:**

This test does not include a pathology consultation. If a pathology consultation is requested, order PATHC / Pathology Consultation and the appropriate fluorescence in situ hybridization test (FISH) test will be added and performed at an additional charge.

Mayo Hematopathology Consultants are involved in both the preanalytic (tissue adequacy and probe selection, when applicable) and postanalytic (interpretation of FISH results in context of specific case, when applicable) phases.

This test is not appropriate for testing blood and bone marrow from patients with chronic lymphocytic leukemia. See CLLDF / Chronic Lymphocytic Leukemia (CLL), Diagnostic FISH, Varies or CLLMF / Chronic Lymphocytic Leukemia (CLL), Specified FISH, Varies.

**Shipping Instructions:**

Advise Express Mail or equivalent if not on courier service.

**Necessary Information:**

1. A pathology report is required for testing to be performed. If not provided, appropriate testing and/or interpretation may be compromised or delayed. Acceptable pathology reports include working drafts, preliminary pathology, or surgical pathology reports.

2. The following information must be included in the report provided:

- Patient name
- Block number- must be on all blocks, slides, and paperwork
- Date of collection
- Tissue source

3. 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:

Preferred

Specimen Type: Tissue block

Collection Instructions: Submit a formalin-fixed, paraffin-embedded tumor tissue block. Blocks prepared with alternative fixation methods may be acceptable; provide fixation method used.

Acceptable

Specimen Type: Tissue slides

Slides: 1 Hematoxylin and eosin-stained (H and E) stained and 10 unstained

Collection Instructions: Submit 1 slide stained with H and E and 10 consecutive, unstained, positively charged, unbaked slides with 5-micron-thick sections of the tumor tissue.

**Specimen Minimum Volume:**

Slides: 1 Hematoxylin and eosin-stained and 6 unstained

**Forms:**

If not ordering electronically, complete, print, and send a Hematopathology/Cytogenetics Test Request (T726) 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 |
|---------|-------------|---------------------|------------|------------|
| SLL     | GC038       | Reason for Referral | Plain Text | Yes        |

**Result Codes:**

| Result ID | Reporting Name         | Type         | Unit | LOINC®  |
|-----------|------------------------|--------------|------|---------|
| 603129    | Result Summary         | Alphanumeric |      | 50397-9 |
| 603130    | Interpretation         | Alphanumeric |      | 69965-2 |
| 603131    | Result Table           | Alphanumeric |      | 93356-4 |
| 603132    | Result                 | Alphanumeric |      | 62356-1 |
| GC038     | Reason for Referral    | Alphanumeric |      | 42349-1 |
| 603133    | Specimen               | Alphanumeric |      | 31208-2 |
| 603134    | Source                 | Alphanumeric |      | 31208-2 |
| 603135    | Tissue ID              | Alphanumeric |      | 80398-1 |
| 603136    | Method                 | Alphanumeric |      | 85069-3 |
| 603137    | Additional Information | Alphanumeric |      | 48767-8 |
| 603138    | Disclaimer             | Alphanumeric |      | 62364-5 |
| 603139    | Released By            | Alphanumeric |      | 18771-6 |

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

88377-if 1 probe set  
88377 x 2-if 2 probe sets  
88377 x 3-if 3 probe sets  
88377 x 4-if 4 probe sets  
88377 x 5-if 5 probe sets  
88377 x 6-if 6 probe sets  
88377 x 7-if 7 probe sets  
88377 x 8-if 8 probe sets

**Reflex Tests:**

| Test ID | Reporting Name               | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|------------------------------|-----------|----------|------------------|----------------------|
| _PRAG   | Probe, Each Additional (SLL) |           |          | No               | No (Bill Only)       |

**Reference Values:**

An interpretive report will be provided.