
Reporting Title: T-cell Lymphoma, 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 appropriate testing will be added at the discretion of the pathologist and performed at an additional charge.

Mayo Hematopathology Consultants are involved in both the pre-analytic (tissue adequacy and probe selection, when applicable) and post-analytic (interpretation of fluorescence in situ hybridization [FISH] results in context of specific case, when applicable) phases.

This assay detects chromosome abnormalities observed in paraffin-embedded tissue samples of patients with T-cell lymphoma. If a non-paraffin embedded bone marrow or blood sample is received for this test, the test will be canceled, and TLPMP / T-Cell Lymphoma, Specified FISH, Varies will be added and performed as the appropriate test.

For patients with B-cell lymphoma, order BLYM / B-Cell Lymphoma, FISH, Tissue.

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.
 1. Patient name
 2. Block number - must be on all blocks, slides, and paperwork
 3. Date of collection
 4. 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.
4. A list of probes is required if select probes are necessary or if the patient is being tracked for known abnormalities. See Table in Clinical Information.

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 will be attempted but are less favorable for successful results; provide fixation method used.

Additional Information:

1. Paraffin embedded specimens can be from any anatomic location (skin, soft tissue, lymph node, etc).

2. Bone specimens that have been decalcified will be attempted for testing, but the success rate is approximately 50%.

Acceptable

Specimen Type: Tissue slides

Slides: 1 Hematoxylin and eosin stained and 2 unstained?for each probe set

Collection Instructions:

1. Include 1 hematoxylin and eosin-stained slide for the entire test order.

2. For each probe set ordered, 2 consecutive, unstained, 5 micron-thick sections placed on positively charged slides

Specimen Minimum Volume:

See Specimen Required

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
TLYM	GC040	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
603140	Result Summary	Alphanumeric		50397-9
603141	Interpretation	Alphanumeric		69965-2
603142	Result Table	Alphanumeric		93356-4
603143	Result	Alphanumeric		62356-1
GC040	Reason for Referral	Alphanumeric		42349-1
603144	Specimen	Alphanumeric		31208-2

Result ID	Reporting Name	Type	Unit	LOINC®
603145	Source	Alphanumeric		31208-2
603146	Tissue ID	Alphanumeric		80398-1
603147	Method	Alphanumeric		85069-3
603148	Additional Information	Alphanumeric		48767-8
603149	Disclaimer	Alphanumeric		62364-5
603150	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
_PRAH	Probe, Each Additional (TLYM)			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.