

Overview

Useful For

Identification of frontotemporal lobar dementia (FTLD)

Testing Algorithm

For the initial technical component only immunohistochemical (IHC) stain performed, the appropriate bill-only test ID will be reflexed and charged (IHTOI). For each additional technical component only IHC stain performed, an additional bill-only test ID will be reflexed and charged (IHTOA).

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
IHTOI	IHC Initial, Tech Only	No	No
IHTOA	IHC Additional, Tech Only	No	No

Method Name

Immunohistochemistry

NY State Available

Yes

Specimen

Specimen Type

TECHONLY

Ordering Guidance

This test includes only technical performance of the stain (no pathologist interpretation is performed). If diagnostic consultation by a pathologist is required order PATHC / Pathology Consultation.

Shipping Instructions

Attach the green pathology address label and the pink Immunostain Technical Only label included in the kit to the outside of the transport container.

Specimen Required

Supplies: Immunostain Technical Only Envelope (T693)

Specimen Type: Tissue

Container/Tube: Immunostain Technical Only Envelope

Preferred: 2 Unstained positively charged glass slide (25- x 75- x 1-mm) per test ordered; sections 4-microns thick

Acceptable: Formalin-fixed, paraffin-embedded (FFPE) tissue block

Digital Image Access

1. Information on accessing digital images of IHC stains and the manual requisition form can be accessed through this website: <https://news.mayocliniclabs.com/ihc-stains/>
2. Clients ordering stains using a manual requisition form will not have access to digital images.
3. Clients wishing to access digital images must place the order for IHC stains electronically. Information regarding digital imaging can be accessed through this website: <https://news.mayocliniclabs.com/ihc-stains/#FAQ>

Forms

If not ordering electronically, complete, print, and send a [Immunohistochemical \(IHC\)/In Situ Hybridization \(ISH\) Stains Request](#) (T763) with the specimen.

Reject Due To

Wet/frozen tissue Reject
Cytology smears
Nonformalin fixed tissue
Nonparaffin embedded tissue
Noncharged slides
ProbeOn slides

Specimen Stability Information

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

Clinical & Interpretive

Clinical Information

Fused in sarcoma (FUS), also known as translated in liposarcoma (TLS), protein is a multifunctional DNA- and RNA-binding protein. Studies have shown the cause of familial amyotrophic lateral sclerosis (ALS) to be an alteration in the gene encoding the FUS protein. FUS has been linked to other neurodegenerative diseases including frontotemporal lobar dementia (FTLD) and neuronal intermediate filament inclusion disease (NIFID).

Interpretation

This test does not include pathologist interpretation; only technical performance of the stain. If interpretation is required, order PATHC / Pathology Consultation for a full diagnostic evaluation or second opinion of the case.

The positive and negative controls are verified as showing appropriate immunoreactivity and documentation is retained at Mayo Clinic Rochester. If a control tissue is not included on the slide, a scanned image of the relevant quality control tissue is available upon request, call 855-516-8404.

Interpretation of this test should be performed in the context of the patient's clinical history and other diagnostic tests by a qualified pathologist.

Cautions

Age of a cut paraffin section can affect immunoreactivity. Stability thresholds vary widely among published literature and are antigen-dependent. Best practice is for paraffin sections to be cut within 6 weeks.

Clinical Reference

1. Armstrong RA: Neuronal cytoplasmic inclusions in tau, TDP-43, and FUS molecular subtypes of frontotemporal lobar degeneration share similar spatial patterns. *Folia Neuropathol.* 2017;55(3):185-192. doi: 10.5114/fn.2017.70482
2. Armstrong RA, Gearing M, Bigio EH, et al: Spatial patterns of FUS-immunoreactive neuronal cytoplasmic inclusions (NCI) in neuronal intermediate filament inclusion disease (NIFID). *J Neural Transm.* 2011 Nov;118(11):1651-1657. doi: 10.1007/s00702-011-0690-x
3. Irwin DJ, Cairns NJ, Grossman M, et al: Frontotemporal lobar degeneration: defining phenotypic diversity through personalized medicine. *Acta Neuropathol.* 2015 Apr;129(4):469-491. doi: 10.1007/s00401-014-1380-1

Performance**Method Description**

Immunohistochemistry on sections of paraffin-embedded tissue.(Unpublished Mayo method)

PDF Report

No

Specimen Retention Time

Until staining is complete.

Performing Laboratory Location

Rochester

Fees & Codes

Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

88342-TC, primary

88341-TC, if additional IHC

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FUSI	FUS IHC, Tech Only	Order only;no result

Result ID	Reporting Name	LOINC®
70747	FUS IHC, Tech Only	Bill only; no result