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**Reporting Title:** HER2, Gastroesophageal FISH, Tissue**Performing Location** Rochester**Ordering Guidance:**

This test is only for primary or metastatic gastroesophageal tumors.

-For breast tumors, order H2BR / *HER2* Amplification Associated with Breast Cancer, FISH, Tissue.-For urothelial tumors, order H2UR / *HER2* Amplification Associated with Urothelial Carcinoma, FISH, Tissue.-For all other tumor types (other than primary or metastatic gastroesophageal tumors), order H2MT / *HER2* Amplification, Miscellaneous Tumor, FISH, Tissue.**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.**3.** The pathology report must include type of fixation used as well as the time of fixation (recommended: >6 hours and <72 hours).**Specimen Requirements:****Submit only 1 of the following specimens:****Specimen Type:** Tissue**Preferred:** Tissue block**Collection Instructions:** Submit a formalin-fixed, paraffin-embedded (FFPE) tumor tissue block. Blocks prepared with alternative fixation methods may be acceptable; provide fixation method used.**Acceptable:** Slides**Collection Instructions:** Four 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 a [Oncology Test Request](#) (T729) with the specimen.

Specimen Type	Temperature	Time	Special Container
Tissue	Ambient (preferred)	0 hours	
	Refrigerated	0 hours	

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
H2GE	GC030	Reason for Referral	Plain Text	Yes

**Result Codes:**

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Result ID	Reporting Name	Type	Unit	LOINC
603085	Result Summary	Alphanumeric		50397-9
603086	Interpretation	Alphanumeric		69965-2
603087	Result	Alphanumeric		62356-1
GC030	Reason for Referral	Alphanumeric		42349-1
603088	Specimen	Alphanumeric		31208-2
603089	Source	Alphanumeric		85298-8
603090	Tissue ID	Alphanumeric		80398-1
603091	Fixative	Alphanumeric		8100-0
603092	Method	Alphanumeric		85069-3
603093	Additional Information	Alphanumeric		48767-8
603094	Disclaimer	Alphanumeric		62364-5
603095	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

88377

**Reference Values:**

An interpretative report will be provided.