
Reporting Title: HPV High/Low Risk ISH**Performing Location** Rochester**Additional Testing Requirements:**

If additional interpretation or analysis is needed, request PATHC / Pathology Consultation along with this test.

Shipping Instructions:

Attach the green pathology address label included in the kit to the outside of the transport container.

Necessary Information:

A pathology/diagnostic report and a brief history are required.

Specimen Requirements:[Supplies: Pathology Packaging Kit \(T554\)](#)**Specimen Type:** Formalin-fixed, paraffin-embedded tissue block**Specimen Volume:** Entire block**Specimen Type:** Slides**Slides:** 6 unstained glass, positively charged slides with 5 (+ or - 1)-microns formalin-fixed, paraffin-embedded tissue**Forms:**

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

[-Oncology Test Request \(T729\)](#)[-Immunohistochemical \(IHC\)/In Situ Hybridization \(ISH\) Stains Request \(T763\)](#)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
71199	Interpretation	Alphanumeric		50595-8
71200	Participated in the Interpretation	Alphanumeric		No LOINC Needed
71203	Material Received	Alphanumeric		81178-6
71594	Disclaimer	Alphanumeric		62364-5
72112	Case Number	Alphanumeric		80398-1
71201	Report electronically signed by	Alphanumeric		19139-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

[88365-Primary](#)

88364-If additional ISH

Reference Values:

Results are reported as positive or negative for types 6 and 11 (low risk), and 16, 18, 26, 31, 33, 35, 39, 51, 52, 53, 56, 58, 59, 66, 68, 73, and 82 (high risk).