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**Reporting Title:** RET (10q11), FISH, Ts**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**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.

Multiple oncology (cancer) gene panels are also available. For more information see [Hematology, Oncology, and Hereditary Test Selection Guide](#)

**Additional Testing Requirements:**

Confirmation testing for the presence of a possible RET fusion transcript by next generation sequencing to resolve atypical or unbalanced fluorescence in situ hybridization results is available, order MCLNR / MayoComplete Lung Rearrangements, Rapid Test, Tumor.

**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 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 (fresh tissue is **not acceptable**)

**Collection Instructions:**

1. Submit a formalin-fixed, paraffin-embedded tumor tissue block.
2. Blocks prepared with alternative fixation methods (eg, Prefer, Bouin's) 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. Decalcified paraffin-embedded specimens will have testing attempted; however, the success rate is approximately 50%. **Testing may be canceled** if sufficient tumor tissue is not present.
3. **Submitted fresh tissue specimens will be canceled upon receipt.** If only fresh tissue is available, embed in paraffin

prior to sending.

**Acceptable:**

**Specimen Type:** Tissue slides

**Slides:** 1 Hematoxylin and eosin-stained and 4 unstained

**Collection Instructions:** Submit 1 slide stained with hematoxylin and eosin and 4 consecutive unstained, positively charged, unbaked slides with 5 micron-thick sections of the tumor tissue.

**Forms:**

If not ordering electronically, complete, print, and send an [Oncology Test Request](#) (T729) 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
RETF	CG756	Reason for Referral	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
52243	Result Summary	Alphanumeric		50397-9
52245	Interpretation	Alphanumeric		69965-2
54596	Result	Alphanumeric		62356-1
CG756	Reason for Referral	Alphanumeric		42349-1
52246	Specimen	Alphanumeric		31208-2
52247	Source	Alphanumeric		31208-2
52248	Tissue ID	Alphanumeric		80398-1
52249	Method	Alphanumeric		85069-3
52250	Released By	Alphanumeric		18771-6
55124	Additional Information	Alphanumeric		48767-8
53820	Disclaimer	Alphanumeric		62364-5

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

88271x2, 88291-DNA probe, each (first probe set), Interpretation and report  
 88271x2-DNA probe, each; each additional probe set (if appropriate)  
 88271x1-DNA probe, each; coverage for sets containing 3 probes (if appropriate)  
 88271x2-DNA probe, each; coverage for sets containing 4 probes (if appropriate)  
 88271x3-DNA probe, each; coverage for sets containing 5 probes (if appropriate)  
 88274 w/modifier 52-Interphase in situ hybridization, <25 cells, each probe set (if appropriate)  
 88274-Interphase in situ hybridization, 25 to 99 cells, each probe set (if appropriate)

**Reflex Tests:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
_I099	Interphases, 25-99	1	88274	No	No, (Bill Only)
_I300	Interphases, >=100	1	88275	No	No, (Bill Only)
_IL25	Interphases, <25	1	88274	No	No, (Bill Only)
_PADD	Probe, +1	1	88271	No	No, (Bill Only)
_PB02	Probe, +2	1	88271	No	No, (Bill Only)
_PB03	Probe, +3	1	88271	No	No, (Bill Only)
_PBCT	Probe, +2	1	88271	No	No, (Bill Only)

**Reference Values:**

An interpretive report will be provided.