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**Reporting Title:** Mesothelioma, FISH, Ts

**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus

**Ordering Guidance:**

This test is only performed on specimens for the purpose of differentiating mesothelioma from histologic mimics.

This test is not appropriate for identifying *CDKN2A* deletions when mesothelioma is not included in the differential diagnosis. If this test is ordered and the laboratory is informed that the purpose of testing is not to differentiate mesothelioma from histologic mimics, the laboratory will cancel the testing.

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](#).

**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:**

- 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.

**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 (FFPE) tumor tissue block. Blocks prepared with alternative fixation methods will be attempted but are less favorable for successful results by fluorescence in situ hybridization testing; 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 4 unstained

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

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)		
	Refrigerated		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
MESOF	GC086	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
609715	Result Summary	Alphanumeric		50397-9
609716	Interpretation	Alphanumeric		69965-2
609717	Result	Alphanumeric		62356-1
GC086	Reason for Referral	Alphanumeric		42349-1
609718	Specimen	Alphanumeric		31208-2
609719	Source	Alphanumeric		31208-2
609720	Tissue ID	Alphanumeric		80398-1
609721	Method	Alphanumeric		85069-3
609722	Additional Information	Alphanumeric		48767-8
609723	Disclaimer	Alphanumeric		62364-5
609724	Released By	Alphanumeric		18771-6

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)

88275 - Interphase in situ hybridization, 100 to 300 cells, each probe set (if appropriate)

Reflex Tests:

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

Reference Values:

An interpretive report will be provided.