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**Reporting Title:** B-cell Lymphoma, FISH, Tissue

**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.

Mayo Clinic Hematopathology consultants are involved in both the pre-analytic (tissue adequacy and probe selection, when applicable) and post-analytic (interpretation of fluorescence in situ hybridization [FISH] results in context of specific case, when applicable) phases.

This assay detects chromosome abnormalities observed in paraffin-embedded tissue samples of patients with B-cell lymphoma. If a non-paraffin embedded bone marrow or blood sample is received for this test, the test will be canceled, and BLPMF / B-Cell Lymphoma, Specified FISH, Varies will be added and performed as the appropriate test.

If either the break-apart MYC or the MYC/IGH D-FISH probe sets are requested in isolation, both probe sets will be performed concurrently to optimize the detection of MYC rearrangements.

For patients with T-cell lymphoma, order TLYM / T-Cell Lymphoma, FISH, Tissue.

**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 (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 2 unstained for each probe set

**Collection Instructions:**

1. Include 1 hematoxylin and eosin-stained slide for the entire test order.
2. For each probe set ordered, 2 consecutive, unstained, 5 micron-thick sections placed on positively charged slides.
3. If ordering MYC, 4 unstained slides are necessary; the break-apart MYC and the MYC/IGH D-FISH probe sets are performed simultaneously.

**Forms:**

If not ordering electronically, complete, print, and send a [Hematopathology/Cytogenetics Test Request](#) (T726) 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
BLYM	GC026	Reason for Referral	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
603063	Result Summary	Alphanumeric		50397-9
603064	Interpretation	Alphanumeric		69965-2
603065	Result Table	Alphanumeric		93356-4
603066	Result	Alphanumeric		62356-1
GC026	Reason for Referral	Alphanumeric		42349-1
603067	Specimen	Alphanumeric		31208-2
603068	Source	Alphanumeric		85298-8
603069	Tissue ID	Alphanumeric		80398-1
603070	Method	Alphanumeric		85069-3
603071	Additional Information	Alphanumeric		48767-8

603072	Disclaimer	Alphanumeric		62364-5
603073	Released By	Alphanumeric		18771-6

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

**Supplemental Report:**

No

**CPT Code Information:**

88377 (if 1 probe set)

88377 x 2 (if 2 probe sets)

88377 x 3 (if 3 probe sets)

88377 x 4 (if 4 probe sets)

88377 x 5 (if 5 probe sets)

88377 x 6 (if 6 probe sets)

**Reflex Tests:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
_PRAA	Probe, Each Additional (BLYM)	1	88377	No	No, (Bill Only)

**Reference Values:**

An interpretive report will be provided.