



Fluorescent in Situ Hybridization (FISH) REFLEX TESTING




SOLID TUMOR SPECIMENS

Sacred Heart Cytogenetics Laboratory
101 West Eighth Avenue • Spokane, WA 99220-25555
(509) 474-4415 • Fax (509) 474-3490

PAML
P.O. Box 2687 • Spokane, WA 99220
(509) 755-8600 • 1-800-541-7891

PATIENT NAME / ACCESSION NUMBER
CLINICAL INDICATION / CYTOGENETIC RESULT
Fluorescent in situ hybridization (FISH) analysis with DNA probes can be performed to evaluate this specimen further for the presence of a specific cytogenetic aberration. The probes can be used to detect clones in the non-dividing cell population, further characterize a known cytogenetic anomaly, identify a cryptic cytogenetic anomaly or gene amplification. If additional testing is clinically indicated, please circle the considered/known diagnosis and the probe(s) desired. There is an additional charge for this test.

Tumor Type	FISH Probes
<input type="checkbox"/> Ewing sarcoma	<input type="checkbox"/> EWSR1
<input type="checkbox"/> Liposarcoma	<input type="checkbox"/> CHOP
<i>LYMPHOMA subtype:</i>	
<input type="checkbox"/> Anaplastic large cell	<input type="checkbox"/> ALK
<input type="checkbox"/> Burkitt	<input type="checkbox"/> MYC/IGH
<input type="checkbox"/> Diffuse large cell	<input type="checkbox"/> BCL2/IGH, BCL6
<input type="checkbox"/> Follicular	<input type="checkbox"/> BCL2/IGH
<input type="checkbox"/> MALT	<input type="checkbox"/> MALT1
<input type="checkbox"/> Mantle cell	<input type="checkbox"/> CCND1/IGH
<input type="checkbox"/> Uncharacterized	<input type="checkbox"/> IGH or other
<input type="checkbox"/> Neuroblastoma	<input type="checkbox"/> MYCN
<input type="checkbox"/> Retinoblastoma	<input type="checkbox"/> RB1
<input type="checkbox"/> Rhabdomyosarcoma	<input type="checkbox"/> FKHR
<input type="checkbox"/> Synovial sarcoma	<input type="checkbox"/> SYT
<input type="checkbox"/> Wilms tumor	<input type="checkbox"/> WT1
<input type="checkbox"/> Other recommended probe(s):	

 Please indicate the desired test(s) and fax your request back to the lab with a physician signature.  An addendum report will be issued when the FISH analysis is complete. 	
TESTS ORDERED BY:	DATE:
CPT CODES TO BE BILLED FOR THIS TEST:	
88291 × 1, 88283 × ____, 88275 × ____, 88271 × ____	