

New Test **3004275** **Cytogenomic Molecular Inversion Probe Array FFPE Tissue -** **FFPEARRAY**
Oncology



Additional Technical Information

Methodology: Molecular Inversion Probe Array
Performed: Sun-Sat
Reported: 2-3 weeks

Specimen Required: Collect: Tumor tissue

Specimen Preparation: Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport 10 slides, each with 5-micron unstained sections or four 20-micron scrolls or tissue block. Tissue block will be returned after testing. Transport tissue in a tissue transport kit (ARUP supply #47808) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.

Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.

Remarks: If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.

Unacceptable Conditions: Specimens fixed or processed in alternative fixatives or heavy metal fixatives (B-4 or B-5).

Stability (collection to initiation of testing): Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Interpretive Data:

For detection of copy number alterations and loss of heterozygosity in FFPE specimens.
Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Note: Samples must contain a region with at least 50 percent tumor.

CPT Code(s): 88381; 81277

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.