

TEST CHANGE

Microsatellite Instability (MSI) HNPCC/Lynch Syndrome by PCR

3004277, MSIPCR

Specimen Requirements:

Patient Preparation:

Collect: Tumor AND normal epithelial tissue.

Specimen Preparation: Tissue: Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block(s) or 10 unstained 5-micron slides (5 tumor and 5 normal epithelial). (Min: 3 tumor tissue and 3 normal epithelial tissue slides) Transport block(s) and/or slide(s) in a tissue transport kit (ARUP Supply #47808) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787.

Transport Temperature: Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months—~~Extracted DNA: Refrigerated.~~

Unacceptable Conditions: Less than 25 percent tumor or less than 50 percent normal epithelial tissue. ~~DNA extracted by a non-CLIA lab. DNA extracted without a corresponding circled H&E slide.~~ Specimens fixed/processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives (B-4 or B-5). Decalcified specimens.

Remarks: Include surgical pathology report. 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.

Stability: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable—~~Extracted DNA: Ambient: 1 month; Refrigerated: Indefinitely; Frozen: Indefinitely~~

Methodology: Capillary Electrophoresis

Performed: DNA isolation: Sun-Sat Assay: Varies

Reported: 10-20 days

Note:

CPT Codes: 81301

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the [U.S. Food and Drug Administration](#). This test was performed in a CLIA -certified laboratory and is intended for clinical purposes.

Reference Interval: