

HOTLINE: Effective November 15, 2021

New Test	3004279 Gastrointestinal Stromal Tumor Muta	tions GISTMUT
	Additional Technical Information	
Methodology:	Massively Parallel Sequencing	
Performed:	Varies	
Reported:	10-12 days	
Specimen Kequi	 <u>Specimen Preparation</u>: Formalin fix (10 percent neutral buffered formal stained cytology smears are also acceptable. Number of slides needed is be destroyed during testing process and will not be returned to client. Pr tissue transport kit (ARUP supply #47808) available online through eSt Services at (800) 522-2787. Resections: Transport 8 unstained 5-micron slides. (Min: 5 slides) Small Biopsies: Transport 15 unstained 5-micron slides. (Min: 10 slide Storage/Transport Temperature: Room temperature. Also acceptable: R <u>Remarks</u>: Include surgical pathology report. If multiple specimens (blocks or slides) are sent to ARUP, they must be indicating that the ARUP pathologist should choose the specimen most individual orders for each sample submitted. A Pathologist Block Select that utilize the first option. If multiple specimens are sent to ARUP with orders, they will be held until clarification is provided. Unacceptable Conditions: Less than 10 percent tumor. Specimens fixed 	s dependent on the tumor cellularity of the smear. Slide(s) wi rotect from excessive heat. Transport block and/or slides in a upply using ARUP Connect [™] or contact ARUP Client s) efrigerated. Ship in cooled container during summer months. accompanied by one of the following: an order comment appropriate for testing (e.g., "Choose best block"), or tion Fee (ARUP test code 3002076) will be added to orders nout a request for pathologist block/slide selection or individu

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

Reference Interval: By report

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 US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Note: A full list of the targeted genes and regions is listed in the Additional Technical Information.

CPT Code(s): 88381; 81272; 81314

New York DOH Approved.

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