

## NEW TEST

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### FISH Interphase

3020127, FISH INT

#### Specimen Requirements:

##### Patient Preparation:

Collect: Nondiluted bone marrow aspirate collected in a heparinized syringe.

Also acceptable: Bone marrow or whole blood collected in green (sodium heparin).

Specimen Preparation: Transfer 3 mL bone marrow to a green (sodium heparin) (Min: 1 mL) OR transport 5 mL whole blood (Min: 2 mL)

Transport Temperature: Preferred transport temp: Room temperature.

Unacceptable Conditions: Paraffin-embedded specimens. Clotted specimens.

##### Remarks:

Desired FISH probe(s), specimen type, and pertinent clinical diagnosis are required with test order. Testing will not be performed until probe(s), specimen type, and diagnosis are provided; absence of this information will delay turnaround time.

Stability: Ambient: 2 days; Refrigerated: 2 days; Frozen: Unacceptable

Methodology: Fluorescence in situ Hybridization (FISH)

##### Note:

Time required for testing can vary depending on specimen type and probes ordered.

Please indicate the names of probes needed for testing and specimen type. See Molecular Cytogenetics (FISH) Probe list in Additional Technical Information link.

Contact ARUP Genetics Service Support at extension 3301 to add a probe to a current specimen.

If more than one FISH probe is ordered, additional probe and analysis charges will be applied per probe.

Other specimen types may be acceptable, contact ARUP Genetics Support Services at extension 3301 for specific specimen collection and transportation instructions.

If chromosome analysis is not performed at ARUP on the same sample, Bone Marrow/PBL Culture Processing Fee (0093271) will be added to account for sample processing, and an additional charge will apply. If multiple FISH tests are ordered, 0093271 will only be applied to one of the FISH tests. If cell pellets or dropped cytogenetic slides are submitted, processing

fee will not apply.

This test must be ordered using Oncology test request form #43099 or through your ARUP interface.

**CPT Codes:** 88271; 88275

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

**Interpretive Data:**

**Reference Interval:**

By report

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