MAYO CLINIC
Mayo Medical Laboratories

Test Definition: TFE3

Alveolar Soft Part Sarcoma (ASPS)/Renal Cell Carcinoma (RCC), Xp11.23 (TFE3), FISH, Tissue

Reporting Title: TFE3, Xp11.23, FISH, Ts
Performing Location: Rochester

Specimen Requirements:

Provide a pathology report with each tissue specimen. The laboratory will not reject a specimen that arrives without this information but will hold the specimen until a pathology report is received.

Container/Tube:
Preferred: Formalin-fixed, paraffin-embedded tissue block
Acceptable: 5 unstained, 5-micron thick sections
Collection Instructions: Include 1 hematoxylin and eosin-stained slide.
Forms: If not ordering electronically, submit a Cytogenetics Hematologic Disorders Request Form (Supply T607) with the specimen.

Specimen Type	Temperature	Time
Tissue	Ambient (preferred)	
	Refrigerated	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
TFE3	CG600	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
34287	Specimen	Alphanumeric		N/A
34288	Specimen ID	Alphanumeric		N/A
34289	Source	Alphanumeric		31208-2
34290	Order Date	Alphanumeric		N/A
CG600	Reason For Referral	Alphanumeric		42349-1
34292	Method	Alphanumeric		49549-9
34293	Result	Alphanumeric		N/A
34294	Interpretations	Alphanumeric		69965-2

Result ID	Reporting Name	Type	Unit	LOINC®
34295	Amendment	Alphanumeric		In Process
34296	Consultant	Alphanumeric		N/A
34297	Released Date	Alphanumeric		N/A

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	CYTO/MOLECULAR REPORT	1	88291		
Billing only	CYTOGENETICS 100-300	1	88275		
Billing only	CYTOGENETICS DNA PROBE	3	88271		

Reference Values:

An interpretive report will be provided.