# Test Definition: FHER2

HER2 Amplification Associated with Breast Cancer, FISH, Tissue

**Reporting Title:** HER2 Amp, Breast Cancer, FISH
**Performing Location:** Rochester

## Specimen Requirements:

Provide a pathology report with each tissue specimen. The pathology report must include type of fixation used (ie, >6 hours and <72 hours). The laboratory will not reject a specimen that arrives without this information but will hold analysis of the specimen until a pathology report is received.

Advise Express Mail or equivalent if not on courier service.

Forms: If not ordering electronically, submit a Cytogenetics Hematologic Disorders Request Form (Supply T607) with the specimen.

Submit only 1 of the following specimens:

Specimen Type: Tissue
Container/Tube: Formalin-fixed, paraffin-embedded tumor tissue block

Specimen Type: Slides
Specimen Volume: 4 Consecutive, unstained, 5 micron-thick sections placed on positively charged slides and 1 hematoxylin and eosin-stained slide

| Specimen Type | Temperature | Time |
|---|---|---|
| Tissue | Ambient (preferred) | |
| | Refrigerated | |

## Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---|---|---|---|---|
| FHER2 | G_652 | Reason For Referral | Plain Text | Yes |

## Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|
| 16878 | Specimen | Alphanumeric | | N/A |
| 16879 | Specimen ID | Alphanumeric | | N/A |
| 16880 | Source | Alphanumeric | | 31208-2 |

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| Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|
| 16881 | Order Date | Alphanumeric | | N/A |
| G_652 | Reason For Referral | Alphanumeric | | 42349-1 |
| 29636 | Fixative | Alphanumeric | | In Process |
| 16882 | Method | Alphanumeric | | 49549-9 |
| 16884 | Results | Alphanumeric | | 31150-6 |
| 16885 | Interpretation | Alphanumeric | | 69965-2 |
| 16886 | Amendment | Alphanumeric | | 31150-6 |
| 16887 | Consultant | Alphanumeric | | N/A |
| 16888 | Report Date | Alphanumeric | | N/A |

## Components:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---|---|---|---|---|---|
| Billing only | Cytogenetic Interp/Report | 1 | 88291 | | |
| Billing only | Inter In Situ Hybrid | 1 | 88274 | | |
| Billing only | Molec cyto, DNA Probe, Ea | 2 | 88271 | | |

## Reference Values:

An interpretive report will be provided.