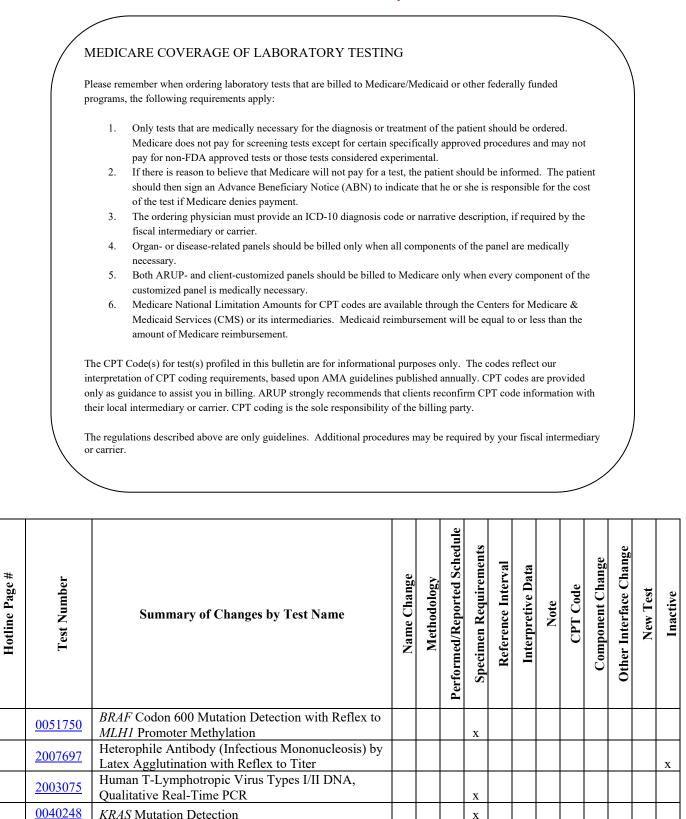


HOTLINE: Effective January 3, 2022





HOTLINE: Effective January 3, 2022

0051750 BRAF Codon 600 Mutation Detection with Reflex to MLH1 Promoter Methylation BRAF RFLX

Specimen Required: <u>Collect:</u> Tumor tissue. Also acceptable: DNA extracted by CLIA certified lab with corresponding client-circled H&E slide. <u>Specimen Preparation:</u> Tumor Tissue: Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Tissue block will be returned after testing. Transport tissue block or 5 unstained 5 micron slides. (Min: 3 slides). Transport block and/or slide(s) in a tissue transport kit (ARUP Supply # 47808) available online through eSupply using ARUP ConnectTMor contact ARUP Client Services at (800) 522-2787.

Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months. 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.

<u>Unacceptable Conditions:</u> Less than 25 percent tumor. Specimens fixed/processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives (B-4 or B-5). Decalcified specimens.

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

2003075 Human T-Lymphotropic Virus Types I/II DNA, Qualitative Real-Time PCR

HTLV RTPCR

KRAS

Specimen Required: Collect: Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B).

Specimen Preparation: Transfer 1 mL whole blood to an ARUP Standard Transport Tube. (Min: 0.4 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered. Storage/Transport Temperature: Frozen Unacceptable Conditions: Hemolyzed specimens. Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month

0040248 KRAS Mutation Detection

Specimen Required: Collect: Tumor tissue.

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

Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months. 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.

Unacceptable Conditions: Less than 25 percent tumor. Specimens fixed/processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives (B-4 or B-5). Decalcified specimens.

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



HOTLINE: Effective January 3, 2022

The following will be discontinued from ARUP's test menu on January 3, 2022. Replacement test options are supplied if applicable.

Test Number	Test Name	Refer To Replacement
<u>2007697</u>	Heterophile Antibody (Infectious Mononucleosis) by Latex Agglutination with Reflex to Titer	