NOTE: Refer to the All Common Checklist for specific test method validation requirements. Cut-off values are usually required when ISH testing uses locus-specific probes against nuclear DNA.

Evidence of Compliance:

✓ Records from cut-off value studies

REFERENCES

1) American College of Medical Genetics, Standards and Guidelines for Clinical Genetics Laboratories, 2021 edition.
2) Clinical and Laboratory Standards Institute (CLSI). *Fluorescence In Situ Hybridization Methods for Clinical Laboratories; Approved Guideline—Second Edition*. CLSI document MM07-A2 (ISBN 1-56238-885-1] Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 2500, Wayne, Pennsylvania 19087-1898 USA, 2013.

CYG.43000 ISH Scoring — Phase II

Scoring of in situ hybridization (ISH) assays, including the number of cells scored, is performed as defined in written procedure.

NOTE: For predictive marker testing, refer to CYG.47880 for requirements on reporting of the scoring method used.

REFERENCES

1) American College of Medical Genetics, Standards and Guidelines for Clinical Genetics Laboratories, 2021 edition.
2) Clinical and Laboratory Standards Institute (CLSI). *Fluorescence In Situ Hybridization Methods for Clinical Laboratories; Approved Guideline—Second Edition*. CLSI document MM07-A2 (ISBN 1-56238-885-1] Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 2500, Wayne, Pennsylvania 19087-1898 USA, 2013.

CYG.43200 ISH Controls — Phase II

The laboratory performs and records controls (internal and/or external) for each in situ hybridization (ISH) analysis.

NOTE: What functions as a control depends on the specific assay, signal pattern present, and sample type. For example, assays designed to detect deletions may use internal controls that include both the probe of interest and a control locus probe, both of which map to the same chromosome. In this situation, there are two internal controls, the signal for the probe of interest on the normal homolog and the control locus signals on both the normal and deleted homolog. For a dual fusion assay, the probe signals on each of the normal homologs function as internal controls. If a probe is used that does not produce an internal control signal (eg, a Y chromosome probe in a female) another sample that is known to have the probe target must be run in parallel as an external control with the patient sample. In addition, many ISH assays use an external control(s). For FDA-cleared or approved ISH assays, laboratories must follow manufacturer's instructions for quality control at minimum.

Evidence of Compliance:

✓ Records of QC results

REFERENCES

1) American College of Medical Genetics, Standards and Guidelines for Clinical Genetics Laboratories, 2021 edition.
2) Clinical and Laboratory Standards Institute (CLSI). *Fluorescence In Situ Hybridization Methods for Clinical Laboratories; Approved Guideline—Second Edition*. CLSI document MM07-A2 (ISBN 1-56238-885-1] Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 2500, Wayne, Pennsylvania 19087-1898 USA, 2013.
3) Stupca P, Meyer RG, Dewald GW. Using controls for molecular cytogenetic testing in clinical practice. *J Assoc Genet Tech*. 2005;31:4-8.

CYG.43250 ISH Probe Intended Target — Phase I

A system is used to ensure that the in situ hybridization (ISH) probe used is for the intended target.

NOTE: Examples can include (but are not limited to): 1) concurrent analysis of any available metaphase cells in an interphase cell analysis; 2) inclusion of an internal or external target that results in a positive signal for each hybridization; 3) written protocols that ensure the respective probe is applied to the intended specimen.