

Reporting Title: Hereditary Expanded Cancer Panel

Performing Location: Rochester

Ordering Guidance:

Customization of this panel and single gene analysis for any gene present on this panel are available. For more information see CGPH / Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies.

Targeted testing for familial variants (also called site-specific or known mutations testing) is available for the genes on this panel. For more information see FMTT / Familial Variant, Targeted Testing, Varies. To obtain more information about this testing option, call 800-533-1710.

Testing minors for adult-onset predisposition syndromes is discouraged by the American Academy of Pediatrics, the American College of Medical Genetics and Genomics, and the National Society of Genetic Counselors.

Shipping Instructions:

Specimen preferred to arrive within 96 hours of collection.

Specimen Requirements:

Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Specimen Type: Whole blood

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Any anticoagulant

Specimen Volume: 3 mL

Collection Instructions:

- 1. Invert several times to mix blood.
- 2. Send specimen in original tube. **Do not** aliquot.

Specimen Stability Information: Ambient (preferred) 4 days/Refrigerated

Forms:

- 1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available:
 - [Informed Consent for Genetic Testing](#) (T576)
 - [Informed Consent for Genetic Testing \(Spanish\)](#) (T826)
- 2. [Molecular Genetics: Inherited Cancer Syndromes Patient Information](#) (T519)
- 3. If not ordering electronically, complete, print, and send a [Oncology Test Request](#) (T729) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
614899	Test Description	Alphanumeric		62364-5

614900	Specimen	Alphanumeric		31208-2
614901	Source	Alphanumeric		31208-2
614902	Result Summary	Alphanumeric		50397-9
614903	Result	Alphanumeric		82939-0
614904	Interpretation	Alphanumeric		69047-9
614905	Resources	Alphanumeric		99622-3
614906	Additional Information	Alphanumeric		48767-8
614907	Method	Alphanumeric		85069-3
614908	Genes Analyzed	Alphanumeric		48018-6
614909	Disclaimer	Alphanumeric		62364-5
614910	Released By	Alphanumeric		18771-6

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

Supplemental

CPT Code Information:

- 81319
- 81403
- 81292
- 81295
- 81298
- 81162
- 81201
- 81307
- 81321
- 81351
- 81404 x 4
- 81405 x 6
- 81406 x 7
- 81407
- 81408 x 2
- 81479
- 81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.