

**Reporting Title:** Hereditary Common 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 whole blood 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.  
-[Informed Consent for Genetic Testing](#) (T576)  
-[Informed Consent for Genetic Testing \(Spanish\)](#) (T826)  
2. [Molecular Genetics: Inherited Cancer Syndromes Patient Information Sheet](#) (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®
614683	Test Description	Alphanumeric		62364-5

614684	Specimen	Alphanumeric		31208-2
614685	Source	Alphanumeric		31208-2
614686	Result Summary	Alphanumeric		50397-9
614687	Result	Alphanumeric		82939-0
614688	Interpretation	Alphanumeric		69047-9
614689	Resources	Alphanumeric		99622-3
614690	Additional Information	Alphanumeric		48767-8
614691	Method	Alphanumeric		85069-3
614692	Genes Analyzed	Alphanumeric		48018-6
614693	Disclaimer	Alphanumeric		62364-5
614694	Released By	Alphanumeric		18771-6

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

Supplemental Report:  
Supplemental

CPT Code Information:

- 81201
- 81408 x2
- 81162
- 81406 x4
- 81404
- 81403
- 81405 x2
- 81292
- 81295
- 81298
- 81307
- 81319
- 81321
- 81351
- 81479
- 81479 (if appropriate for government payers)

Reference Values:  
An interpretive report will be provided.