
Reporting Title: BRCA1/2 Full Gene Analysis**Performing Location:** Rochester**Ordering Guidance:**

For a comprehensive hereditary cancer gene panel that includes *BRCA1* and *BRCA2* genes, consider 1 of the following tests:

-BRGYP / Hereditary Breast/Gynecologic Cancer Panel, Varies

-PANCP / Hereditary Pancreatic Cancer Panel, Varies

-PRS8P / Hereditary Prostate Cancer Panel, Varies

Testing for *BRCA1* and *BRCA2* genes as part of a customized panel is 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 these genes. 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. 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®
614719	Test Description	Alphanumeric		62364-5
614720	Specimen	Alphanumeric		31208-2
614721	Source	Alphanumeric		31208-2
614722	Result Summary	Alphanumeric		50397-9
614723	Result	Alphanumeric		82939-0
614724	Interpretation	Alphanumeric		69047-9
614725	Resources	Alphanumeric		99622-3
614726	Additional Information	Alphanumeric		48767-8
614727	Method	Alphanumeric		85069-3
614728	Genes Analyzed	Alphanumeric		48018-6
614729	Disclaimer	Alphanumeric		62364-5
614730	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81162

Reference Values:

An interpretive report will be provided.