

**Reporting Title:** Hereditary GI 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.

**Shipping Instructions:**  
Specimen preferred to arrive within 96 hours of collection.

**Necessary Information:**  
[Prior Authorization](#) is available, **but not required**, for this test. If proceeding with the prior authorization process, submit the required form with the specimen.

**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. [Hereditary Gastrointestinal Cancer Panel Prior Authorization Ordering Instructions](#)
  - 4. 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®  |
|-----------|------------------------|--------------|------|---------|
| 614695    | Test Description       | Alphanumeric |      | 62364-5 |
| 614696    | Specimen               | Alphanumeric |      | 31208-2 |
| 614697    | Source                 | Alphanumeric |      | 31208-2 |
| 614698    | Result Summary         | Alphanumeric |      | 50397-9 |
| 614699    | Result                 | Alphanumeric |      | 82939-0 |
| 614700    | Interpretation         | Alphanumeric |      | 69047-9 |
| 614701    | Resources              | Alphanumeric |      | 99622-3 |
| 614702    | Additional Information | Alphanumeric |      | 48767-8 |
| 614703    | Method                 | Alphanumeric |      | 85069-3 |
| 614704    | Genes Analyzed         | Alphanumeric |      | 48018-6 |
| 614705    | Disclaimer             | Alphanumeric |      | 62364-5 |
| 614706    | Released By            | Alphanumeric |      | 18771-6 |

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

Supplemental Report:

Supplemental

CPT Code Information:

81435

Reference Values:

An interpretive report will be provided.