
Reporting Title: Hereditary Pancreatic Cancer Panel

Performing Location: Rochester

Ordering Guidance:

This test assesses for hereditary forms of pancreatic adenocarcinoma and not other pancreatic lesions such as pancreatic neuroendocrine tumors. For genetic testing for pancreatic neuroendocrine tumors, see ENDCP / Hereditary Endocrine Cancer Panel, Varies.

This test does not analyze genes associated with hereditary pancreatitis. For genetic testing for pancreatitis, see HPANP / Hereditary Pancreatitis Gene Panel, Varies.

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. 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 one of the following with the specimen:

-[Oncology Test Request](#) (T729)

-[Gastroenterology and Hepatology Test Request](#) (T728)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
614779	Test Description	Alphanumeric		62364-5
614780	Specimen	Alphanumeric		31208-2
614781	Source	Alphanumeric		31208-2
614782	Result Summary	Alphanumeric		50397-9
614783	Result	Alphanumeric		82939-0
614784	Interpretation	Alphanumeric		69047-9
614785	Resources	Alphanumeric		99622-3
614786	Additional Information	Alphanumeric		48767-8
614787	Method	Alphanumeric		85069-3
614788	Genes Analyzed	Alphanumeric		48018-6
614789	Disclaimer	Alphanumeric		62364-5
614790	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

- 81319
- 81403
- 81408
- 81162
- 81404 x 2
- 81292
- 81295
- 81298
- 81307
- 81351
- 81405
- 81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.