

**Reporting Title:** Hereditary Prostate 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. 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®
614803	Test Description	Alphanumeric		62364-5

614804	Specimen	Alphanumeric		31208-2
614805	Source	Alphanumeric		31208-2
614806	Result Summary	Alphanumeric		50397-9
614807	Result	Alphanumeric		82939-0
614808	Interpretation	Alphanumeric		69047-9
614809	Resources	Alphanumeric		99622-3
614810	Additional Information	Alphanumeric		48767-8
614811	Method	Alphanumeric		85069-3
614812	Genes Analyzed	Alphanumeric		48018-6
614813	Disclaimer	Alphanumeric		62364-5
614814	Released By	Alphanumeric		18771-6

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

Supplemental Report:  
Supplemental

CPT Code Information:

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

Reference Values:  
An interpretive report will be provided.