

**Reporting Title:** Hereditary Wilms Tumor 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.

If the reason for testing indicates WAGR syndrome (Wilms tumor, aniridia, genitourinary abnormalities, range of developmental delays), order CMACB / Chromosomal Microarray, Congenital, Blood.

**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®
614887	Test Description	Alphanumeric		62364-5

614888	Specimen	Alphanumeric		31208-2
614889	Source	Alphanumeric		31208-2
614890	Result Summary	Alphanumeric		50397-9
614891	Result	Alphanumeric		82939-0
614892	Interpretation	Alphanumeric		69047-9
614893	Resources	Alphanumeric		99622-3
614894	Additional Information	Alphanumeric		48767-8
614895	Method	Alphanumeric		85069-3
614896	Genes Analyzed	Alphanumeric		48018-6
614897	Disclaimer	Alphanumeric		62364-5
614898	Released By	Alphanumeric		18771-6

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

Supplemental Report:  
Supplemental

CPT Code Information:

- 81351
- 81405
- 81479
- 81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.