

**Reporting Title:** Hereditary Thyroid 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.

**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®  |
|-----------|------------------|--------------|------|---------|
| 614863    | Test Description | Alphanumeric |      | 62364-5 |
| 614864    | Specimen         | Alphanumeric |      | 31208-2 |
| 614865    | Source           | Alphanumeric |      | 31208-2 |
| 614866    | Result Summary   | Alphanumeric |      | 50397-9 |

|        |                        |              |  |         |
|--------|------------------------|--------------|--|---------|
| 614867 | Result                 | Alphanumeric |  | 82939-0 |
| 614868 | Interpretation         | Alphanumeric |  | 69047-9 |
| 614869 | Resources              | Alphanumeric |  | 99622-3 |
| 614870 | Additional Information | Alphanumeric |  | 48767-8 |
| 614871 | Method                 | Alphanumeric |  | 85069-3 |
| 614872 | Genes Analyzed         | Alphanumeric |  | 48018-6 |
| 614873 | Disclaimer             | Alphanumeric |  | 62364-5 |
| 614874 | Released By            | Alphanumeric |  | 18771-6 |

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

Supplemental Report:

Supplemental

CPT Code Information:

- 81201
- 81321
- 81406
- 81351
- 81479
- 81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.