

**Reporting Title:** CDH1 Full Gene Analysis  
**Performing Location:** Rochester

**Ordering Guidance:**  
For a comprehensive hereditary cancer panel that includes the *CDH1* gene, consider ordering 1 of the following tests:  
-CRCGP / Hereditary Gastrointestinal Cancer Panel, Varies  
-BRGYP / Hereditary Breast/Gynecologic Cancer Panel, Varies

Testing for *CDH1* gene as part of a customized panel is 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 this gene. 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 Sheet](#) (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:**

# Test Definition: CDHZ

Hereditary Diffuse Gastric Cancer Syndrome,  
CDH1, Full Gene Analysis, Varies

| Result ID | Reporting Name         | Type         | Unit | LOINC®  |
|-----------|------------------------|--------------|------|---------|
| 614671    | Test Description       | Alphanumeric |      | 62364-5 |
| 614672    | Specimen               | Alphanumeric |      | 31208-2 |
| 614673    | Source                 | Alphanumeric |      | 31208-2 |
| 614674    | Result Summary         | Alphanumeric |      | 50397-9 |
| 614675    | Result                 | Alphanumeric |      | 82939-0 |
| 614676    | Interpretation         | Alphanumeric |      | 69047-9 |
| 614677    | Resources              | Alphanumeric |      | 99622-3 |
| 614678    | Additional Information | Alphanumeric |      | 48767-8 |
| 614679    | Method                 | Alphanumeric |      | 85069-3 |
| 614680    | Genes Analyzed         | Alphanumeric |      | 48018-6 |
| 614681    | Disclaimer             | Alphanumeric |      | 62364-5 |
| 614682    | Released By            | Alphanumeric |      | 18771-6 |

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

**Supplemental Report:**

Supplemental

**CPT Code Information:**

81406

**Reference Values:**

An interpretive report will be provided.