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**Reporting Title:** RET Full Gene Analysis**Performing Location:** Rochester**Ordering Guidance:**

For a comprehensive hereditary cancer panel that includes the *RET* gene, consider 1 of the following

-ENDCP / Hereditary Endocrine Cancer Panel, Varies

-HPGLP / Hereditary Paraganglioma/Pheochromocytoma Panel, Varies

-THYRP / Hereditary Thyroid Cancer Panel, Varies

Testing for the *RET* 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.

If the reason for testing indicates the *MECP2* gene or Rett Syndrome, order MCP2Z / *MECP2* Gene, Full Gene Analysis, Varies. If this test is ordered in this situation, it will be canceled and MCP2Z ordered and performed as the appropriate test.

**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.

# Test Definition: RETZZ

Multiple Endocrine Neoplasia Type 2  
Syndrome, RET, Full Gene Analysis, Varies

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
614839	Test Description	Alphanumeric		62364-5
614840	Specimen	Alphanumeric		31208-2
614841	Source	Alphanumeric		31208-2
614842	Result Summary	Alphanumeric		50397-9
614843	Result	Alphanumeric		82939-0
614844	Interpretation	Alphanumeric		69047-9
614845	Resources	Alphanumeric		99622-3
614846	Additional Information	Alphanumeric		48767-8
614847	Method	Alphanumeric		85069-3
614848	Genes Analyzed	Alphanumeric		48018-6
614849	Disclaimer	Alphanumeric		62364-5
614850	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.