

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

**Ordering Guidance:**  
For patients suspected of having hereditary erythrocytosis or polycythemia, order HEMP / Hereditary Erythrocytosis Mutations, Whole Blood.

For a comprehensive hereditary cancer panel that includes the *VHL* gene, consider one of the following tests:

- ENDCP / Hereditary Endocrine Cancer Panel, Varies
- HPGLP / Hereditary Paraganglioma/Pheochromocytoma Panel, Varies
- RENCP / Hereditary Renal Cancer Panel, Varies

Testing for *VHL* 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:

Result ID	Reporting Name	Type	Unit	LOINC®
614875	Test Description	Alphanumeric		62364-5
614876	Specimen	Alphanumeric		31208-2
614877	Source	Alphanumeric		31208-2
614878	Result Summary	Alphanumeric		50397-9
614879	Result	Alphanumeric		82939-0
614880	Interpretation	Alphanumeric		69047-9
614881	Resources	Alphanumeric		99622-3
614882	Additional Information	Alphanumeric		48767-8
614883	Method	Alphanumeric		85069-3
614884	Genes Analyzed	Alphanumeric		48018-6
614885	Disclaimer	Alphanumeric		62364-5
614886	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81404

Reference Values:

An interpretive report will be provided.