MAYO CLINIC LABORATORIES

Test Definition: BRTP

Rapid Hereditary Breast Cancer Treatment Decision Panel, Varies

Reporting Title: Rapid Hereditary Breast Cancer Test
Performing Location: Rochester

Ordering Guidance:

This test is for patients diagnosed with cancer for whom results may impact treatment. A rapid turnaround time supports surgical and management decision making. For patients with cancer who do not need rapid results, order BRGYP / Hereditary Breast/Gynecologic Cancer Panel, Varies or COMCP / Common Hereditary Cancer Panel, Varies, depending on the patient's personal and family history.

This test is **not appropriate for** patients who do not have cancer. If testing is needed based on a previous diagnosis of cancer or family history of cancer, order either BRGYP / Hereditary Breast/Gynecologic Cancer Panel, Varies or COMCP / Hereditary Common Cancer Panel, Varies, depending on the patient's personal and family history.

Targeted testing for familial variants (also called site-specific or known variants 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.

Testing minors for adult-onset predisposition syndromes is discouraged by the American Academy of Pediatrics, the American College of Medical Genetics and Genomics, and the National Society of Genetic Counselors.

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)

Specimen Type	Temperature	Time	Special Container

Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
619958	Test Description	Alphanumeric		62364-5
619959	Specimen	Alphanumeric		31208-2
619960	Source	Alphanumeric		31208-2
619961	Result Summary	Alphanumeric		50397-9
619962	Result	Alphanumeric		82939-0
619963	Interpretation	Alphanumeric		69047-9
619964	Resources	Alphanumeric		99622-3
619965	Additional Information	Alphanumeric		48767-8
619966	Method	Alphanumeric		85069-3
619967	Genes Analyzed	Alphanumeric		82939-0
619968	Disclaimer	Alphanumeric		62364-5
619969	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81405
81406
81307
81408
81162
81321
81351
81479
81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.