
Reporting Title: Hereditary GI 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.

Necessary Information:

Prior Authorization is available, but not required, for this test. If proceeding with the prior authorization process, submit the required form with the specimen.

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

Specimen Minimum Volume:

1 mL

Forms:

1. New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file.

-Informed Consent for Genetic Testing (T576)

-Informed Consent for Genetic Testing (Spanish) (T826)

2. Molecular Genetics: Inherited Cancer Syndromes Patient Information Sheet (T519)

3. Hereditary Gastrointestinal Cancer Panel Prior Authorization Ordering Instructions
4. 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®
614695	Test Description	Alphanumeric		62364-5
614696	Specimen	Alphanumeric		31208-2
614697	Source	Alphanumeric		31208-2
614698	Result Summary	Alphanumeric		50397-9
614699	Result	Alphanumeric		82939-0
614700	Interpretation	Alphanumeric		69047-9
614701	Resources	Alphanumeric		99622-3
614702	Additional Information	Alphanumeric		48767-8
614703	Method	Alphanumeric		85069-3
614704	Genes Analyzed	Alphanumeric		48018-6
614705	Disclaimer	Alphanumeric		62364-5
614706	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Supplemental**CPT Code Information:**

81435

Reference Values:

An interpretive report will be provided.