Test Definition: LYNCP

Lynch Syndrome Panel, Varies

Reporting Title: Lynch Syndrome Panel
Performing Location: Rochester

Ordering Guidance:

This gene panel tests for germline variants in the Lynch syndrome genes. This is not a tumor test or immunohistochemistry (IHC). For information on tumor testing or IHC staining for Lynch syndrome, see TMSI / Microsatellite Instability, Tumor or IHC / Mismatch Repair (MMR) Protein Immunohistochemistry Only, Tumor.

For a comprehensive hereditary cancer panel that includes MLH1, MSH2, MSH6, PMS2, and EPCAM genes, consider ordering 1 of the following tests:
-CRCGP / Hereditary Gastrointestinal Cancer Panel, Varies
-PANCP / Hereditary Pancreatic Cancer Panel, Varies
-PRS8P / Hereditary Prostate Cancer Panel, Varies
-BRGYP / Hereditary Breast/Gynecologic Cancer Panel, Varies

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.

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.

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. Lynch Syndrome Panel (LYNCP) Prior Authorization Ordering Instructions
4. If not ordering electronically, complete, print, and send a Oncology Test Request (T729)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
614755	Test Description	Alphanumeric		62364-5
614756	Specimen	Alphanumeric		31208-2
614757	Source	Alphanumeric		31208-2
614758	Result Summary	Alphanumeric		50397-9
614759	Result	Alphanumeric		82939-0
614760	Interpretation	Alphanumeric		69047-9
614761	Resources	Alphanumeric		99622-3
614762	Additional Information	Alphanumeric		48767-8
614763	Method	Alphanumeric		85069-3
614764	Genes Analyzed	Alphanumeric		48018-6
614765	Disclaimer	Alphanumeric		62364-5
614766	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

Supplemental

CPT Code Information:

81319
81403
81292
81295
81298
81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.