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**Reporting Title:** Hereditary Pancreatic Cancer Panel**Performing Location:** Rochester**Ordering Guidance:**

This test assesses for hereditary forms of pancreatic adenocarcinoma and not other pancreatic lesions such as pancreatic neuroendocrine tumors. For genetic testing for pancreatic neuroendocrine tumors, see ENDCP / Hereditary Endocrine Cancer Panel, Varies.

This test does not analyze genes associated with hereditary pancreatitis. For genetic testing for pancreatitis, see HPANP / Hereditary Pancreatitis Gene 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. 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

**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. 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 one of the following with the specimen:
  - Oncology Test Request (T729)
  - Gastroenterology and Hepatology Test Request (T728)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
614779	Test Description	Alphanumeric		62364-5
614780	Specimen	Alphanumeric		31208-2
614781	Source	Alphanumeric		31208-2
614782	Result Summary	Alphanumeric		50397-9
614783	Result	Alphanumeric		82939-0
614784	Interpretation	Alphanumeric		69047-9
614785	Resources	Alphanumeric		99622-3
614786	Additional Information	Alphanumeric		48767-8
614787	Method	Alphanumeric		85069-3
614788	Genes Analyzed	Alphanumeric		48018-6
614789	Disclaimer	Alphanumeric		62364-5
614790	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

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

81319  
81403  
81408  
81162  
81404 x 2

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81292  
81295  
81298  
81307  
81351  
81405  
81479 (if appropriate for government payers)

**Reference Values:**

An interpretive report will be provided.