
Reporting Title: RET Full Gene Analysis**Performing Location: Rochester****Ordering Guidance:**

For a comprehensive hereditary cancer panel that includes the RET gene, consider 1 of the following:

- ENDCP / Hereditary Endocrine Cancer Panel, Varies
- HPGLP / Hereditary Paraganglioma/Pheochromocytoma Panel, Varies
- THYRP / Hereditary Thyroid Cancer Panel, Varies

Testing for the RET 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.

If the reason for testing indicates the MECP2 gene or Rett Syndrome, order MCP2Z / MECP2 Gene, Full Gene Analysis, Varies. If this test is ordered in this situation, it will be canceled and MCP2Z ordered and performed as the appropriate test.

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. For instructions for testing patients who have received a bone marrow transplant, call 800-533-1710.

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

Additional Information: To ensure minimum volume and concentration of DNA is met, the preferred volume of blood must be submitted. Testing may be canceled if DNA requirements are inadequate.

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 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® |
|-----------|------------------------|--------------|------|---------|
| 614839 | Test Description | Alphanumeric | | 62364-5 |
| 614840 | Specimen | Alphanumeric | | 31208-2 |
| 614841 | Source | Alphanumeric | | 31208-2 |
| 614842 | Result Summary | Alphanumeric | | 50397-9 |
| 614843 | Result | Alphanumeric | | 82939-0 |
| 614844 | Interpretation | Alphanumeric | | 69047-9 |
| 614845 | Resources | Alphanumeric | | 99622-3 |
| 614846 | Additional Information | Alphanumeric | | 48767-8 |
| 614847 | Method | Alphanumeric | | 85069-3 |
| 614848 | Genes Analyzed | Alphanumeric | | 48018-6 |
| 614849 | Disclaimer | Alphanumeric | | 62364-5 |
| 614850 | Released By | Alphanumeric | | 18771-6 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

Supplemental

CPT Code Information:

81406



Reference Values:

An interpretive report will be provided.