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**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

**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 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

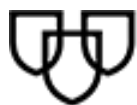
LOINC and CPT codes are provided by the performing laboratory.

## Supplemental Report:

Supplemental

## CPT Code Information:

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



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**Reference Values:**

An interpretive report will be provided.