TEST CHANGE

Hereditary Cancer Panel, Sequencing and Deletion/Duplication

2012032, CANCERPAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B).
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL)
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue; DNA.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable New York State Clients: Preferred Ambient: 4 days; Refrigerated: 4 days; Frozen: 4 days It is preferred that specimens be received within 4 days of collection. Extraction will be attempted for specimens received after 4 days, and DNA yield will be evaluated to determine if testing may proceed.
Methodology:	Massively Parallel Sequencing / ~~/~~ Sequencing / ~~/~~ Multiplex Ligation-Dependent Probe Amplification (MLPA)
Performed:	Varies
Reported:	14-21 days
Note:	Genes Tested: ALK; APC*; ATM; AXIN2; BAP1; BARD1; BMPR1A*; BRCA1*; BRCA2; BRIP1; CDC73; CDH1*; CDK4; CDKN1B; CDKN2A*; CHEK2*; CTNNA1*; DICER1; EGFR; EPCAM**; FH; FLCN*; HOXB13; HRAS; KIT; LZTR1; MAX; MC1R; MEN1*; MET; MITF*; MLH1; MLH3*; MSH2; MSH3; MSH6; MUTYH; NBN; NF1; NF2; NTHL1; PALB2; PDGFRA*; PMS2; POLD1; POLE; POT1; PRKAR1A; PTCH1; PTEN*; RAD51C; RAD51D; RB1*; RECQL*; RET; SDHA*; SDHAF2; SDHB; SDHC*; SDHD*; SMAD4; SMARCA4; SMARCB1; SMARCE1*; STK11; SUFU; TERT; TMEM127; TP53; TSC1; TSC2; VHL*; WT1 *- One or more exons are not covered by sequencing and/or deletion/duplication analysis for the indicated gene; see Additional Technical Information. **- Deletion/duplication analysis of EPCAM (NM_002354) exon 9 only, sequencing is not available for this gene.

CPT Codes:	81162; 81201; 81292; 81295; 81298; 81307; 81317; 81321; 81351; 81403; 81404; 81405; 81406; 81407; 81408; 81479
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:

Refer to report. ~~Refer to report~~

~~This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.~~

~~Counseling and informed consent are recommended for genetic testing. Consent forms are available online.~~

Reference Interval:

By report