

HOTLINE: Effective November 14, 2022

New Test	3005632Hereditary Breast Cancer High-Risk Panel, Sequencing and Deletion/DuplicationBCHR NGS
	Patient History for Hereditary Breast Cancer Testing Additional Technical Information
Methodology: Performed:	Massively Parallel Sequencing/Sequencing Varies
Reported:	3 weeks
Specimen Requir	ed: <u>Collect:</u> Lavender or pink (EDTA) or yellow (ACD solution A or B). <u>Specimen Preparation:</u> Transport 3 mL whole blood. (Min: 3 mL) <u>Storage/Transport Temperature:</u> Refrigerated. <u>Unacceptable Conditions:</u> Serum or plasma; grossly hemolyzed or frozen specimens; saliva; buccal brush or swab, FFPE tissue. <u>Stability (collection to initiation of testing):</u> Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
Reference Inter	val: By report
Interpretive Da Refer to report.	ta:

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.

Note: GENES TESTED: *BRCA1**; *BRCA2*; *CDH1**; *PALB2*; *PTEN**; *TP53* *One or more exons are not covered by sequencing and/or deletion/duplication analysis for the indicated gene; see Additional Technical Information.

CPT Code(s): 81162; 81406; 81307; 81321; 81323; 81351; 81479

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.