TEST CHANGE

Hereditary Gastrointestinal Cancer High-Risk Panel, Sequencing and Deletion/Duplication

3005697, GIHR NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). ~~New York State Clients: Lavender (EDTA)~~
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL) New York State Clients: 10~~5~~ mL (Min: 7~~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: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable~~
Methodology:	Massively Parallel Sequencing / ~~/~~Sequencing / ~~/~~Multiplex Ligation-D~~d~~ependent Probe Amplification (MLPA)
Performed:	Varies
Reported:	14-21 days
Note:	Genes Tested: APC* ~~;*;~~ EPCAM** ~~;**;~~ MLH1; MSH2; MSH6; MUTYH; PMS2 *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:	81435
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 US 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