

**Reporting Title:** Hereditary Pancreatic Cancer Panel**Performing Location** Rochester**Ordering Guidance:**

This test assesses for hereditary forms of pancreatic adenocarcinoma and not other pancreatic lesions such as pancreatic neuroendocrine tumors. For genetic testing for pancreatic neuroendocrine tumors, see ENDCP / Hereditary Endocrine Cancer Panel, Varies.

This test does not analyze genes associated with hereditary pancreatitis. For genetic testing for pancreatitis, see HPPAN / Hereditary Pancreatitis Panel, Varies.

Customization of this panel or single gene analysis for any gene present on this 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 the genes on this panel. For more information see FMTT / Familial Mutation, Targeted Testing, Varies.

**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 specimen in original tube. **Do not** aliquot.

**Specimen Stability Information:** Ambient (preferred) 4 days/Refrigerated

**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 in Special Instructions:

-[Informed Consent for Genetic Testing](#) (T576)

-[Informed Consent for Genetic Testing \(Spanish\)](#) (T826)

2. [Molecular Genetics: Inherited Cancer Syndromes Patient Information Sheet](#) (T519) in Special Instructions

3. [Targeted Genes and Methodology Details for Hereditary Pancreatic Cancer Panel](#) in Special Instructions

4. If not ordering electronically, complete, print, and send one of the following with the specimen:

-[Oncology Test Request](#) (T729)

-[Gastroenterology and Hepatology Client Test Request](#) (T728)

Specimen Type	Temperature	Time	Special Container
Varies	Varies (preferred)	0 hours	

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**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
614779	Test Description	Alphanumeric		62364-5
614780	Specimen	Alphanumeric		31208-2
614781	Source	Alphanumeric		31208-2
614782	Result Summary	Alphanumeric		50397-9
614783	Result	Alphanumeric		82939-0
614784	Interpretation	Alphanumeric		69047-9
614785	Resources	Alphanumeric		99622-3
614786	Additional Information	Alphanumeric		48767-8
614787	Method	Alphanumeric		85069-3
614788	Genes Analyzed	Alphanumeric		48018-6
614789	Disclaimer	Alphanumeric		62364-5
614790	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

Supplemental

**CPT Code Information:**

81319  
81403  
81408  
81162  
81404 x 2  
81292  
81295  
81298  
81307  
81351  
81405

**Reference Values:**

An interpretive report will be provided.