
Reporting Title: BRCA1/2 Full Gene Analysis**Performing Location:** Rochester**Ordering Guidance:**

For a comprehensive hereditary cancer gene panel that includes *BRCA1* and *BRCA2* genes, consider 1 of the following tests:

-BRGYP / Hereditary Breast/Gynecologic Cancer Panel, Varies

-PANCP / Hereditary Pancreatic Cancer Panel, Varies

-PRS8P / Hereditary Prostate Cancer Panel, Varies

Testing for *BRCA1* and *BRCA2* genes as part of a customized 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 these genes. 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.

Specimen Requirements:

Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. For instructions for testing patients who have received a bone marrow transplant, call 800-533-1710.

Specimen Type: Whole blood

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Green top (Sodium heparin)

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 4 days/Refrigerated 4 days/Frozen 4 days

Additional Information:

1. Specimens are preferred to be received within 4 days of collection. Extraction will be attempted for samples received after 4 days and DNA yield will be evaluated to determine if testing may proceed.
2. To ensure minimum volume and concentration of DNA is met, the preferred volume of blood must be submitted. Testing may be canceled if DNA requirements are inadequate.

Specimen Type: Saliva

Patient Preparation: Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.

Supplies: Saliva Collection Kit (T786)

Specimen Volume: 1 Swab

Collection Instructions: Collect and send specimen per kit instructions.

Specimen Stability Information: Ambient (preferred) 30 days/Refrigerated 30 days

Additional information: Due to lower quantity/quality of DNA yielded from saliva, some aspects of the test may not

perform as well as DNA extracted from a whole blood sample. When applicable, specific gene regions that were unable to be interrogated will be noted in the report. Alternatively, additional specimen may be required to complete testing.

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](#) (T519)
3. If not ordering electronically, complete, print, and send a [Oncology Test Request](#) (T729) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
614719	Test Description	Alphanumeric		62364-5
614720	Specimen	Alphanumeric		31208-2
614721	Source	Alphanumeric		31208-2
614722	Result Summary	Alphanumeric		50397-9
614723	Result	Alphanumeric		82939-0
614724	Interpretation	Alphanumeric		69047-9
614725	Resources	Alphanumeric		99622-3
614726	Additional Information	Alphanumeric		48767-8
614727	Method	Alphanumeric		85069-3
614728	Genes Analyzed	Alphanumeric		48018-6
614729	Disclaimer	Alphanumeric		62364-5
614730	Released By	Alphanumeric		18771-6

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

Supplemental

CPT Code Information:

81162

Reference Values:

An interpretive report will be provided.