MAYO CLINIC LABORATORIES

Test Definition: LRCCZ

Hereditary Leiomyomatosis and Renal Cell Cancer Syndrome, FH, Full Gene Analysis, Varies

Reporting Title: FH Full Gene Analysis
Performing Location: Rochester

Ordering Guidance:

For a comprehensive hereditary cancer panel that includes the *FH* gene, consider ordering 1 of the following tests:
-ENDCP / Hereditary Endocrine Cancer Panel, Varies
-HPGLP / Hereditary Paraganglioma/Pheochromocytoma Panel, Varies
-RENCP / Hereditary Renal Cancer Panel, Varies

Testing for the *FH* gene 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 this gene. For more information see FMTT / Familial Variant, Targeted Testing, Varies. To obtain more information about this testing option, call 800-533-1710.

If the reason for testing indicates familial hypercholesterolemia, order FHRGP / Familial Hypercholesterolemia and Related Disorders Multi-Gene Panel, Next-Generation Sequencing, Varies. If this test is ordered for familial hypercholesterolemia, LRCCZ will be canceled, and client will be notified and given the opportunity to order FHRGP as the appropriate test.

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 before collection.
Supplies: Saliva Collection Kit (T786)
Specimen Volume: 1 Swab

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Collection Instructions: Collect and send specimen per kit instructions.
Specimen Stability Information: Ambient (preferred), Refrigerated acceptable; 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 Sheet (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®
614743	Test Description	Alphanumeric		62364-5
614744	Specimen	Alphanumeric		31208-2
614745	Source	Alphanumeric		31208-2
614746	Result Summary	Alphanumeric		50397-9
614747	Result	Alphanumeric		82939-0
614748	Interpretation	Alphanumeric		69047-9
614749	Resources	Alphanumeric		99622-3
614750	Additional Information	Alphanumeric		48767-8
614751	Method	Alphanumeric		85069-3
614752	Genes Analyzed	Alphanumeric		48018-6
614753	Disclaimer	Alphanumeric		62364-5
614754	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81405

Reference Values:

An interpretive report will be provided.