
Reporting Title: Rapid Hereditary Breast Cancer Test**Performing Location:** Rochester**Ordering Guidance:**

This test is for patients diagnosed with cancer for whom results may impact treatment. A rapid turnaround time supports surgical and management decision making. For patients with cancer who do not need rapid results, order BRGYP / Hereditary Breast/Gynecologic Cancer Panel, Varies or COMCP / Hereditary Common Cancer Panel, Varies depending on the patient's personal and family history.

This test is **not appropriate** for patients who do not have cancer. If testing is needed based on a previous diagnosis of cancer or family history of cancer, order either BRGYP / Hereditary Breast/Gynecologic Cancer Panel, Varies or COMCP / Hereditary Common Cancer Panel, Varies, depending on the patient's personal and family history.

Targeted testing for familial variants (also called site-specific or known variants testing) is available for the genes on this panel. 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 information about 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 Swab 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®
619958	Test Description	Alphanumeric		62364-5
619959	Specimen	Alphanumeric		31208-2
619960	Source	Alphanumeric		31208-2
619961	Result Summary	Alphanumeric		50397-9
619962	Result	Alphanumeric		82939-0
619963	Interpretation	Alphanumeric		69047-9
619964	Resources	Alphanumeric		99622-3
619965	Additional Information	Alphanumeric		48767-8
619966	Method	Alphanumeric		85069-3
619967	Genes Analyzed	Alphanumeric		82939-0
619968	Disclaimer	Alphanumeric		62364-5
619969	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81432

Reference Values:

An interpretive report will be provided.