

## Hereditary Pancreatic Cancer Panel, Varies

**Test ID:** PANCP

**Explanation:** On the effective date cultured fibroblast, skin biopsy, tissue biopsy, and extracted DNA will be acceptable for testing. Formatting of acceptable specimen types will also be standardized. Reflex testing and algorithm will be updated to include new specimen type information.

### Current Testing Algorithm

None

### New Testing Algorithm

**Skin biopsy or cultured fibroblast specimens:**

For skin biopsy or cultured fibroblast specimens, a fibroblast culture will be performed at an additional charge. If viable cells are not obtained, the client will be notified.

**Cord blood:**

For cord blood specimens that have an accompanying maternal blood specimen, maternal cell contamination studies will be performed at an additional charge.

### Current 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 HPANP / Hereditary Pancreatitis Gene Panel, Varies.

Customization of this panel and single gene analysis for any gene present on this panel are 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. See FMTT / Familial Variant, Targeted Testing, Varies. To obtain more information about this testing option, call 800-533-1710.

### New 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 PANGP / Expanded Pancreatitis Gene Panel, Varies.

Customization of this panel and single gene analysis for any gene present on this panel are available. For more information see CGPH / Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies. To modify this panel via CGPH, use the Hereditary Cancer disease state for step 1 on the [Custom Gene Ordering Tool](#).

Targeted testing for familial variants (also called site-specific or known mutations testing) is available for the genes on this panel. 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.

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#### Current Reflex Tests

None

#### New Reflex Tests

Test ID	Reporting Name	Available Separately	Always Performed
CULFB	Fibroblast Culture for Genetic Test	Yes	No
MATCC	Maternal Cell Contamination, B	Yes	No

#### Current Specimen Required

**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 specimens 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:**

DNA Saliva Kit High Yield (T1007)

Saliva Swab Collection Kit (T786)

**Container/Tube:**

**Preferred:** High-yield DNA saliva kit

**Acceptable:** Saliva swab

**Specimen Volume:** 1 Tube if using T1007 or 2 swabs if using T786

#### New Specimen Required

**Patient Preparation:** A previous hematopoietic stem cell transplant from an allogenic donor will interfere with testing. For information about testing patients who have received a hematopoietic stem cell transplant, call 800-533-1710.

**Submit only 1 of the following specimens:**

**Specimen Type:** Whole blood

**Container/Tube:** Lavender top (EDTA) or yellow top (ACD)

**Specimen Volume:** 3 mL

**Collection Instructions:**

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot.**
3. Whole blood collected postnatal from an umbilical cord is also acceptable. See Additional Information

**Specimen Stability Information:** Ambient (preferred) 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 specimens 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 are met, the requested volume must be submitted. Testing may be canceled if DNA requirements are inadequate.
3. For postnatal umbilical cord whole blood specimens, maternal cell contamination studies are recommended to ensure test results reflect that of the patient tested. A maternal blood specimen is required to complete maternal cell contamination studies. Order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on both the cord blood and maternal blood specimens under separate order numbers.

**Collection Instructions:** Collect and send specimen per kit instructions.

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

**Additional Information:** Saliva specimens are acceptable but not recommended. 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.

**Specimen Type:** Saliva

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

**Supplies:**

DNA Saliva Kit High Yield (T1007)

Saliva Swab Collection Kit (T786)

**Container/Tube:**

**Preferred:** High-yield DNA saliva kit

**Acceptable:** Saliva swab

**Specimen Volume:** 1 Tube if using T1007 or 2 swabs if using T786

**Collection Instructions:** Collect and send specimen per kit instructions.

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

**Additional Information:** Saliva specimens are acceptable but not recommended. 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.

**Specimen Type:** Skin biopsy

**Supplies:** Fibroblast Biopsy Transport Media (T115)

**Container/Tube:** Sterile container with any standard cell culture media (eg, minimal essential media, RPMI 1640). The solution should be supplemented with 1% penicillin and streptomycin.

**Specimen Volume:** 4-mm Punch

**Specimen Stability Information:** Ambient (preferred) <24 hours/Refrigerated <24 hours

**Additional Information:**

1. Specimens are preferred to be received within 24 hours of collection. Culture and extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks are required to culture fibroblasts before genetic testing can occur.

**Specimen Type:** Tissue biopsy

**Supplies:** Hank's Solution (T132)

**Container/Tube:** Sterile container with sterile Hank's balanced salt solution, Ringer's solution, or normal saline

**Specimen Volume:** 0.5 to 3 cm(3) or larger

**Specimen Stability Information:** Ambient (preferred) <24 hours/Refrigerated <24 hours

**Additional Information:**

1. Specimens are preferred to be received within 24 hours of collection. Culture and extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks are required to culture fibroblasts before genetic testing can occur

<p><b>Specimen Type:</b> Cultured fibroblasts</p> <p><b>Source:</b> Skin or tissue</p> <p><b>Container/Tube:</b> T-25 flask</p> <p><b>Specimen Volume:</b> 2 Flasks</p> <p><b>Collection Instructions:</b> Submit confluent cultured fibroblast cells from a biopsy. Cultured cells from a prenatal specimen will not be accepted.</p> <p><b>Specimen Stability Information:</b> Ambient (preferred) &lt;24 hours/Refrigerated &lt;24 hours</p> <p><b>Additional Information:</b></p> <ol style="list-style-type: none"> <li>1. Specimens are preferred to be received within 24 hours of collection. Culture and extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.</li> <li>2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks are required to culture fibroblasts before genetic testing can occur.</li> </ol> <p><b>Specimen Type:</b> Extracted DNA</p> <p><b>Container/Tube:</b></p> <p><b>Preferred:</b> Screw Cap Micro Tube, 2 mL with skirted conical base</p> <p><b>Acceptable:</b> Matrix tube, 1 mL</p> <p><b>Collection Instructions:</b></p> <ol style="list-style-type: none"> <li>1. The preferred volume is at least 100 mcL at a concentration of 75 ng/mcL.</li> <li>2. Include concentration and volume on tube.</li> </ol> <p><b>Specimen Stability Information:</b> Frozen (preferred) 1 year/Ambient/Refrigerated</p> <p><b>Additional Information:</b> DNA must be extracted in a CLIA-certified laboratory or equivalent and must be extracted from a specimen type listed as acceptable for this test (including applicable anticoagulants). Our laboratory has experience with Chemagic, Puregene, Autopure, MagnaPure, and EZ1 extraction platforms and cannot guarantee that all extraction methods are compatible with this test. If testing fails, one repeat will be attempted, and if unsuccessful, the test will be reported as failed and a charge will be applied. If applicable, specific gene regions that were unable to be interrogated due to DNA quality will be noted in the report.</p>
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Current Specimen Retention Time
Whole blood: 28 days (if available); Saliva: 30 days (if available); Extracted DNA: 3 months; Blood spots: 1 year (if available)

New Specimen Retention Time
Whole blood: 25 days (if available); Saliva: 30 days (if available); Extracted DNA: 3 months

**Questions**  
 Contact Melissa Tricker-Klar, Laboratory Resource Coordinator at 800-533-1710.