Test Definition: HCCP

Hereditary Colon Cancer Multi-Gene Panel

Reporting Title: Hereditary Colon Cancer Panel
Performing Location: Rochester

Specimen Requirements:

Specimen must arrive within 96 hours of collection.

Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA) or yellow top (ACD)
Acceptable: Any anticoagulant
Specimen Volume: 10 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send specimen in original tube.
Additional Information: 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.
Forms:
1. New York Clients-Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing (Supply T576) is available in Special Instructions.
2. Molecular Genetics-Colon Cancer Patient Information Sheet (Supply T521) in Special Instructions

Specimen Type	Temperature	Time
Varies	Ambient (preferred)	
	Frozen	
	Refrigerated	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
51395	Result Summary	Alphanumeric		In Process
51396	Result Details	Alphanumeric		In Process
51397	Interpretation	Alphanumeric		69047-9
51398	Caution	Alphanumeric		In Process
51399	Reason For Referral	Alphanumeric		42349-1
51400	Method	Alphanumeric		49549-9
51401	Amendment	Alphanumeric		In Process
51402	Specimen	Alphanumeric		N/A

Result ID	Reporting Name	Type	Unit	LOINC®
51403	Source	Alphanumeric		31208-2
51404	Reviewed By	Alphanumeric		N/A
51405	Release Date	Alphanumeric		N/A

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	MOPATH PROCEDURE LEVEL 6	2	81405		
Billing only	MOPATH PROCEDURE LEVEL 2	1	81401		
Billing only	MOPATH PROCEDURE LEVEL 7	2	81406		
Billing only	UNLISTED MOLECULAR PATHOLOGY	1	81479		
Billing only	PMS2 GENE DUP/DELET VARIANTS	1	81319		
Billing only	PTEN GENE FULL SEQUENCE	1	81321		
Billing only	PMS2 GENE FULL SEQ ANALYSIS	1	81317		
Billing only	CYTOGEN MICRARRAY COPY NMBR	1	81228		
Billing only	MLH1 GENE FULL SEQ	1	81292		
Billing only	MSH2 GENE FULL SEQ	1	81295		
Billing only	MSH6 GENE FULL SEQ	1	81298		
Billing only	APC GENE FULL SEQUENCE	1	81201		

Reference Values:

An interpretive report will be provided.