



# TEST TABLE

<input type="checkbox"/> SUN LAB CUSTOM HEREDITARY CANCER PANEL (47 Genes)	CPT Code: 81432, 81433, 81435, 81436, 81308, 86294, 81551, 81438, 81298,											
<i>Sun Clinical Lab Genetics Custom Panel</i>												
APC	ATM	BAP1	BMPR1A	BRCA1	BRCA2	BRIP1	CDH1	CDK4	CDKN2A	CHEK2	DICER1	
EPCAM	FH	FLCN	GREM1	HOXB13	MAX	MEN1	MET	MLH1	MSH2	MSH6	MUTYH	
NBN	NF1	NTHL1	PALB2	PMS2	POLD1	POLE	PTEN	RAD51C	RAD51D	RET	SDHA	
SDHAF2	SDHB	SDHC	SDHD	SMAD4	STK11	TMEM127	TP53	TSC1	TSC2	VHL		
<input type="checkbox"/> SUN LAB EXPANDED CUSTOM HEREDITARY CANCER PANEL (113 Genes)	CPT Code: 81164, 81292, 81295, 81297, 81298, 81300, 81307, 81308, 81313, 81317, 81319, 81403, 81405, 81406, 81432, 81433, 81435, 81436, 81437, 81438, 81551, 86294, 0248U											
<i>Sun Clinical Lab Genetics Custom Panel</i>												
ACD	AIP	AKT1	APC	ATM	BAP1	BARD1	BLM	BMPR1A	BRCA2	BRCA1	BRIP1	
CASR	CDC73	CDH1	CDK4	CDKN1B	CDKN2A	CEBPA	CHEK2	CTRC	DDB2	DICER1	DIS3L2	
EPCAM	ERCC1	ERCC2	ERCC3	ERCC4	ERCC5	FAM175A	FANCA	FANCB	FANCC	FANCD2	FANCE	
FANCF	FANCG	FANCI	FANCL	FANCM	FH	FLCN	GALNT12	GATA2	GPC3	GREM1	HOXB13	
KIF1B	KIT	LZTR1	MAX	MEN1	MET	MITF	MLH1	MRE11A	MSH2	MSH3	MSH6	
MUTYH	NBN	NF1	NF2	NSD1	NTHL1	PALB2	PDGFRA	PHOX2B	PIK3CA	PMS2	POLD1	
POLE	POT1	PRKAR1A	PTCH1	PTEN	RAD50	RAD51	RAD51B	RAD51C	RAD51D	RB1	RECQL4	
RET	RHBDF2	RINT1	RUNX1	SDHA	SDHAF2	SDHB	SDHC	SDHD	SLX4	SMAD4	SMARCA4	
SMARCB1	SMARCE1	SPRED1	SPINK1	STK11	SUFU	TERF2IP	TERT	TMEM127	TP53	TSC1	TSC2	
VHL	WT1	XPA	XPC	XRCC2								
<input type="checkbox"/> BREAST CANCER PANEL (32 Genes)	CPT Code: 81432, 81433											
AKT1	ATM	BARD1	BRCA1	BRCA2	BRIP1	CDH1	CHEK2	EPCAM	FANCC	FANCM	MLH1	
MRE11	MSH2	MSH6	MUTYH	NBN	NF1	PALB2	PIK3CA	PMS2	PTEN	RAD51C	RAD51D	
RECQL4	RINT1	SDHB	SDHD	TP53	STK11	XRCC2						
<input type="checkbox"/> COLORECTAL CANCER PANEL (23 Genes)	CPT Code: 81435, 81436											
APC	ATM	BLM	BMPR1A	CDH1	EPCAM	FLCN	GALNT12	GREM1	MLH1	MSH2	MSH3	
MSH6	MUTYH	NTHL1	PMS2	POLD1	POLE	PTEN	SMAD4	STK11	TP53			
<input type="checkbox"/> LYNCH / HIGH RISK COLORECTAL CANCER PANEL (7 Genes)	CPT Code: 81295, 81297, 81292, 81298, 81300, 81317, 81319, 81403											
APC	EPCAM	MLH1	MSH2	MSH6	MUTYH	PMS2						
<input type="checkbox"/> OVARIAN CANCER PANEL (12 Genes)	CPT Code: 81432, 81433											
ATM	BARD1	BRCA1	BRCA2	CDH1	CHEK2	NBN	NF1	PALB2	PTEN	STK11	TP53	
<input type="checkbox"/> MELANOMA CANCER PANEL (9 Genes)	CPT Code: 81164, 86294											
BAP1	BRCA2	CDK4	CDKN2A	MITF	POT1	PTEN	RB1	TP53				
<input type="checkbox"/> PANCREATIC CANCER PANEL (25 Genes)	CPT Code: 81307, 81308											
APC	ATM	BMPR1A	BRCA1	BRCA2	CASR	CDK4	CDKN2A	CTRC	EPCAM	FANCC	MEN1	VHL
MLH1	MSH2	MSH6	NF1	PALB2	PMS2	SMAD4	SPINK1	STK11	TP53	TSC1	TSC2	
<input type="checkbox"/> PROSTATE CANCER (16 Genes)	CPT Code: 81551, 81313											
ATM	BRCA1	BRCA2	BRIP1	CHEK2	EPCAM	HOXB13	MLH1	MSH2	MSH6			
NBN	PALB2	PMS2	RAD51C	RAD51D	TP53							
<input type="checkbox"/> RENAL CANCER PANEL (18 Genes)	CPT Code: 81405, 81406											
BAP1	EPCAM	FH	FLCN	MET	MITF	MLH1	MSH2	MSH6	PMS2			
PTEN	SDHB	SDHC	SDHD	TP53	TSC1	TSC2	VHL					
<input type="checkbox"/> BRAIN TUMOR PANEL (23 Genes)	CPT Code: 81317, 81319, 0248U											
APC	CDKN1B	CDKN2A	DICER1	EPCAM	MEN1	MLH1	MSH2	MSH6	NF1			
NF2	PMS2	POT1	PTCH1	PTEN	SMARCA4	SMARCB1	SMARCE1	SUFU	TP53			
TSC1	TSC2	VHL										
<input type="checkbox"/> ENDOCRINE PANEL (22 Genes)	CPT Code: 81437, 81438											
AIP	APC	CASR	CDC73	CDKN1B	CHEK2	DICER1	FH	MAX	MEN1	MET	NF1	
PRKAR1A	PTEN	RET	SDHAF2	SDHB	SDHC	SDHD	TMEM127	TP53	VHL			
<input type="checkbox"/> BRCA 1&2 PANEL (2 Genes)	CPT Code: 81432, 81433											
BRCA1	BRCA2											

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Patient Ethnicity	Patient Race			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown / Other	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black / African American <input type="checkbox"/> White	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Decline to State <input type="checkbox"/> Other _____

**Family History of Cancer**

<input type="checkbox"/> No Known Family History of Cancer	<input type="checkbox"/> Limited Family Structure Limited family history available such as fewer than two female 1st or 2nd degree maternal or paternal relatives having lived beyond age 45	Has relative been tested for hereditary cancer genetics? If so, what mutations have been identified?
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Relationship to Patient	Maternal (Mother's Side)	Paternal (Father's Side)	Cancer Site, Gleason Score, or Polyp Type (if colon/rectal adenomas, include total number)	Age at Each Diagnosis	Relative is deceased	Patient has no contact with relative	Relative declines testing
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Use for additional Clinical Information**

**Confirmation of Informed Consent & Statement of Medical Necessity**

*I affirm each of the following: I have provided genetic testing information to the patient and the patient has consented to genetic testing. This test is medically necessary for the diagnosis of a disease or syndrome. The results will be used in the patient's medical management and treatment decisions. I authorize Sun Clinical Laboratories to assist my patients in obtaining pre-test genetic counseling services if required by the patient's insurance provider. The person listed as the Ordering Provider is authorized by law to order the test(s) requested herein.*

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

