

**Reporting Title:** BTD Gene, Full Gene Analysis  
**Performing Location:** Rochester

**Shipping Instructions:**  
Specimen preferred to arrive within 96 hours of draw.

**Specimen Requirements:**  
**Patient Preparation:** A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.  
**Specimen Type:** Whole blood  
**Container/Tube:**  
**Preferred:** Lavender top (EDTA) or yellow top (ACD)  
**Acceptable:** Any anticoagulant  
**Specimen Volume:** 3 mL  
**Collection Instructions:**  
1. Invert several times to mix blood.  
2. Send specimen in original tube.

**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 in Special Instructions:  
-[Informed Consent for Genetic Testing](#) (T576)  
-[Informed Consent for Genetic Testing-Spanish](#) (T826)  
2. [Molecular Genetics: Biochemical Disorders Patient Information](#) (T527) in Special Instructions

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		
	Frozen		
	Refrigerated		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
53463	Result Summary	Alphanumeric		50397-9
53464	Result	Alphanumeric		82939-0
53465	Interpretation	Alphanumeric		69047-9
53466	Additional Information	Alphanumeric		48767-8
53467	Specimen	Alphanumeric		31208-2
53468	Source	Alphanumeric		31208-2
53469	Released By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

81404-*BTD* (biotinidase) (eg, biotinidase deficiency), full gene sequence

Reference Values:

An interpretive report will be provided.