

**Reporting Title:** HEXA 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.** Please document on the request form or electronic order that a copy is on file. An [Informed Consent for Genetic Testing](#) (T576) is available in Special Instructions.  
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®
53943	Result Summary	Alphanumeric		50397-9
53944	Result	Alphanumeric		82939-0
53945	Interpretation	Alphanumeric		69047-9
53946	Additional Information	Alphanumeric		48767-8
53947	Specimen	Alphanumeric		31208-2
53948	Source	Alphanumeric		31208-2
53949	Released By	Alphanumeric		18771-6

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

**Supplemental Report:**

No

CPT Code Information:

81406

Reference Values:

An interpretive report will be provided.