

**Reporting Title:** Aminoglycoside-Induced Hearing Loss  
**Performing Location:** Rochester

**Ordering Guidance:**  
The preferred genetic test for diagnosis in individuals with suspicion of syndromic or non-syndromic hereditary hearing loss is HHLP / AudioloGene Hereditary Hearing Loss Panel, Varies.

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

**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.  
**Specimen Stability Information:** Ambient/Refrigerated/Frozen

**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.

**Specimen Type:** Saliva  
**Patient Preparation:** Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.  
**Supplies:** Saliva Collection Kit (T786)  
**Specimen Volume:** 1 swab  
**Collection Instructions:** Collect and send specimen per kit instructions.  
**Specimen Stability Information:** Ambient

**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:  
-[Informed Consent for Genetic Testing](#) (T576)  
-[Informed Consent for Genetic Testing \(Spanish\)](#) (T826)  
2. [Molecular Genetics Hereditary Hearing Loss Patient Information](#)  
3. If not ordering electronically, complete, print, and send a [Therapeutics Test Request](#) (T831) with the specimen.

Specimen Type	Temperature	Time	Special Container
---------------	-------------	------	-------------------

# Test Definition: AIHL

Aminoglycoside-Induced Hearing Loss,  
Targeted Variant Testing, Droplet Digital PCR,  
Varies

Varies	Varies		
--------	--------	--	--

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
609786	Specimen	Alphanumeric		31208-2
609787	Source	Alphanumeric		31208-2
609788	Result Summary	Alphanumeric		50397-9
609789	Result	Alphanumeric		82939-0
609790	Interpretation	Alphanumeric		69047-9
609791	Additional Information	Alphanumeric		48767-8
609792	Method	Alphanumeric		85069-3
609793	Disclaimer	Alphanumeric		62364-5
609794	Released By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

81401

Reference Values:

An interpretive report will be provided.