[^0]
## Necessary Information:

Include physician name and phone number with the specimen.

## Specimen Requirements:

Submit only 1 of the following specimens:

Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA) or yellow top (ACD)
Specimen Volume: 3 mL
Collection Instructions:

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. Do not aliquot.

Specimen Stability Information: Ambient (preferred) 9 days/Refrigerated 30 days

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

## 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. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
-Therapeutics Test Request (T831)
-Benign Hematology Test Request Form (T755)

| Specimen Type | Temperature | Time | Special Container |
| :--- | :--- | :--- | :--- |
| Varies | Varies |  |  |

## Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC ${ }^{\circledR}$ |
| :--- | :--- | :--- | :--- | :--- |
| 618837 | G6PD Phenotype | Alphanumeric |  | $47998-0$ |
| 618838 | Result Details | Alphanumeric |  | $82939-0$ |
| 618839 | Interpretation | Alphanumeric |  | $69047-9$ |
| 618840 | Additional Information | Alphanumeric |  | $48767-8$ |
| 618841 | Method | Alphanumeric |  | $85069-3$ |
| 618842 | Disclaimer | Alphanumeric |  | $62364-5$ |
| 618843 | Reviewed By | Alphanumeric |  | $18771-6$ |

LOINC ${ }^{\circledR}$ and CPT codes are provided by the performing laboratory.

## Supplemental Report:

No
CPT Code Information:
81249

## Reference Values:

An interpretive report will be provided.


[^0]:    Reporting Title: G6PD Full Gene Sequencing, V
    Performing Location: Rochester

    Ordering Guidance:
    For initial or time-sensitive screening for glucose-6-phosphate dehydrogenase deficiency, order G6PD1 / Glucose 6-Phosphate Dehydrogenase Enzyme Activity, Blood.

