

**Reporting Title:** Comprehensive Aortopathy Gene Panel  
**Performing Location:** Rochester

**Ordering Guidance:**  
Customization of this panel and single gene analysis for any gene present on this panel are available. For more information see CGPH / Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies.

Targeted testing for familial variants (also called site-specific or known mutations testing) is available for the genes on this panel. See FMTT / Familial Mutation, Targeted Testing, Varies. To obtain more information about this testing option, call 800-533-1710.

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

**Necessary Information:**  
[Prior Authorization](#) is available, **but not required**, for this test. If proceeding with the prior authorization process, submit the required form with the specimen.

**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 whole blood specimen in original tube. **Do not aliquot.**  
**Specimen Stability Information:** Ambient (preferred)/Refrigerated

- 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. [Connective Tissue/Cerebrovascular Disease Genetic Testing Patient Information](#)
  - 3. [Comprehensive Aortopathy Gene Panel \(CAORG\) Prior Authorization Ordering Instructions](#)
  - 4. If not ordering electronically, complete, print, and send a [Cardiovascular Test Request](#) (T724) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
617156	Test Description	Alphanumeric		62364-5
617157	Specimen	Alphanumeric		31208-2
617158	Source	Alphanumeric		31208-2
617159	Result Summary	Alphanumeric		50397-9
617160	Result	Alphanumeric		82939-0
617161	Interpretation	Alphanumeric		69047-9
617162	Additional Results	Alphanumeric		82939-0
617163	Resources	Alphanumeric		99622-3
617164	Additional Information	Alphanumeric		48767-8
617165	Method	Alphanumeric		85069-3
617166	Genes Analyzed	Alphanumeric		48018-6
617167	Disclaimer	Alphanumeric		62364-5
617168	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81410

Reference Values:

An interpretive report will be provided.