

**Reporting Title:** Comprehensive Cardiomyopathy 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 Variant, 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. [Hereditary Cardiomyopathies and Arrhythmias Patient Information](#)
  - 3. [Comprehensive Cardiomyopathy Panel \(CCMGG\) Prior Authorization Ordering Instructions](#)
  - 4. [If not ordering electronically, complete, print, and send a Cardiovascular Test Request Form](#) (T724) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
617184	Test Description	Alphanumeric		62364-5
617185	Specimen	Alphanumeric		31208-2
617186	Source	Alphanumeric		31208-2
617187	Result Summary	Alphanumeric		50397-9
617188	Result	Alphanumeric		82939-0
617189	Interpretation	Alphanumeric		69047-9
617190	Additional Results	Alphanumeric		82939-0
617191	Resources	Alphanumeric		99622-3
617192	Additional Information	Alphanumeric		48767-8
617193	Method	Alphanumeric		85069-3
617194	Genes Analyzed	Alphanumeric		48018-6
617195	Disclaimer	Alphanumeric		62364-5
617196	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81439

Reference Values:

An interpretive report will be provided.