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**Reporting Title:** CPVT Gene Panel**Performing Location:** Rochester**Ordering Guidance:**

This test is intended for genetic screening for and diagnosis of catecholaminergic polymorphic ventricular tachycardia.

For comprehensive inherited cardiac arrhythmia genetic testing, order CARGG / Comprehensive Arrhythmia Gene Panel, Varies.

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. [Catecholaminergic Polymorphic Ventricular Tachycardia Gene Panel \(CPVTG\) 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®
617212	Test Description	Alphanumeric		62364-5
617213	Specimen	Alphanumeric		31208-2
617214	Source	Alphanumeric		31208-2
617215	Result Summary	Alphanumeric		50397-9
617216	Result	Alphanumeric		82939-0
617217	Interpretation	Alphanumeric		69047-9
617218	Additional Results	Alphanumeric		82939-0
617219	Resources	Alphanumeric		99622-3
617220	Additional Information	Alphanumeric		48767-8
617221	Method	Alphanumeric		85069-3
617222	Genes Analyzed	Alphanumeric		48018-6
617223	Disclaimer	Alphanumeric		62364-5
617224	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

- 81405
- 81408
- 81479

Reference Values:

An interpretive report will be provided.