

Reporting Title: Cerebrovascular 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 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.** Please 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. [Cerebrovascular Gene Panel \(CVHBG\) Prior Authorization Ordering Instructions](#)

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

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------|--------------|------|---------|
| 617226 | Test Description | Alphanumeric | | 62364-5 |
| 617227 | Specimen | Alphanumeric | | 31208-2 |
| 617228 | Source | Alphanumeric | | 31208-2 |
| 617229 | Result Summary | Alphanumeric | | 50397-9 |
| 617230 | Result | Alphanumeric | | 82939-0 |
| 617231 | Interpretation | Alphanumeric | | 69047-9 |
| 617232 | Additional Results | Alphanumeric | | 82939-0 |
| 617233 | Resources | Alphanumeric | | 99622-3 |
| 617234 | Additional Information | Alphanumeric | | 48767-8 |
| 617235 | Method | Alphanumeric | | 85069-3 |
| 617236 | Genes Analyzed | Alphanumeric | | 48018-6 |
| 617237 | Disclaimer | Alphanumeric | | 62364-5 |
| 617238 | Released By | Alphanumeric | | 18771-6 |

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

Supplemental Report:

Supplemental

CPT Code Information:

- 81405 x5
- 81406 x3
- 81408
- 81479
- 81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.