

Reporting Title: Hypercholesterolemia 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:**
- 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 \(Spanish\) \(T826\)](#)
 - [Hereditary Dyslipidemia Patient Information](#)
 - [Hypercholesterolemia Gene Panel \(HCHLG\) Prior Authorization Ordering Instructions](#)
 - [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®
617268	Test Description	Alphanumeric		62364-5
617269	Specimen	Alphanumeric		31208-2
617270	Source	Alphanumeric		31208-2
617271	Result Summary	Alphanumeric		50397-9
617272	Result	Alphanumeric		82939-0
617273	Interpretation	Alphanumeric		69047-9
617274	Additional Results	Alphanumeric		82939-0
617275	Resources	Alphanumeric		99622-3
617276	Additional Information	Alphanumeric		48767-8
617277	Method	Alphanumeric		85069-3
617278	Genes Analyzed	Alphanumeric		48018-6
617279	Disclaimer	Alphanumeric		62364-5
617280	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

- 81406 x2
- 81407
- 81479
- 81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.