

Reporting Title: HHT and Vascular 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. [Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel Patient Information](#)
3. [Hereditary Hemorrhagic Telangiectasia and Vascular Gene Panel \(HHTGG\) 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®
617296	Test Description	Alphanumeric		62364-5
617297	Specimen	Alphanumeric		31208-2
617298	Source	Alphanumeric		31208-2
617299	Result Summary	Alphanumeric		50397-9
617300	Result	Alphanumeric		82939-0
617301	Interpretation	Alphanumeric		69047-9
617302	Additional Results	Alphanumeric		82939-0
617303	Resources	Alphanumeric		99622-3
617304	Additional Information	Alphanumeric		48767-8
617305	Method	Alphanumeric		85069-3
617306	Genes Analyzed	Alphanumeric		48018-6
617307	Disclaimer	Alphanumeric		62364-5
617308	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81406 x3
81479

Reference Values:

An interpretive report will be provided.