

Reporting Title: Hypertriglyceridemia Gene Panel
Performing Location: Rochester

Ordering Guidance:
Customization of this panel and single gene analysis for any gene present on this panel are available. or 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 Dyslipidemia Patient Information](#)
3. [Hypertriglyceridemia Gene Panel \(HYPTG\) 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®
617324	Test Description	Alphanumeric		62364-5
617325	Specimen	Alphanumeric		31208-2
617326	Source	Alphanumeric		31208-2
617327	Result Summary	Alphanumeric		50397-9
617328	Result	Alphanumeric		82939-0
617329	Interpretation	Alphanumeric		69047-9
617330	Additional Results	Alphanumeric		82939-0
617331	Resources	Alphanumeric		99622-3
617332	Additional Information	Alphanumeric		48767-8
617333	Method	Alphanumeric		85069-3
617334	Genes Analyzed	Alphanumeric		48018-6
617335	Disclaimer	Alphanumeric		62364-5
617336	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81479

Reference Values:

An interpretive report will be provided.