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**Reporting Title:** Brugada Syndrome, SCN5A Full Gene**Performing Location:** Rochester**Ordering Guidance:**

[This single gene test is intended for genetic screening for and diagnosis of Brugada syndrome.](#)

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

Testing for *SCN5A* as part of a customized panel is 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 variants identified in the *SCN5A* gene. 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](#) (T725)

3. If not ordering electronically, complete, print, and send a [Cardiovascular Test Request Form](#) (T724) with the specimen.

4. [Brugada Syndrome Test \(SCN5A\) Prior Authorization Ordering Instructions](#)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
617450	Test Description	Alphanumeric		62364-5
617451	Specimen	Alphanumeric		31208-2
617452	Source	Alphanumeric		31208-2
617453	Result Summary	Alphanumeric		50397-9
617454	Result	Alphanumeric		82939-0
617455	Interpretation	Alphanumeric		69047-9
617456	Additional Results	Alphanumeric		82939-0
617457	Resources	Alphanumeric		99622-3
617458	Additional Information	Alphanumeric		48767-8
617459	Method	Alphanumeric		85069-3
617460	Genes Analyzed	Alphanumeric		48018-6
617461	Disclaimer	Alphanumeric		62364-5
617462	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81407

Reference Values:

An interpretive report will be provided.