

Reporting Title: Short QT Syndrome Gene Panel
Performing Location: Rochester

Ordering Guidance:
This test is intended for genetic screening for and diagnosis of short QT syndrome.

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

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.

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 Cardiomyopathies and Arrhythmias Patient Information](#) (T725)
 - [Short QT Syndrome Gene Panel \(SQTSG\) Prior Authorization Ordering Instructions](#)
 - 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®
617464	Test Description	Alphanumeric		62364-5
617465	Specimen	Alphanumeric		31208-2
617466	Source	Alphanumeric		31208-2
617467	Result Summary	Alphanumeric		50397-9
617468	Result	Alphanumeric		82939-0
617469	Interpretation	Alphanumeric		69047-9
617470	Additional Results	Alphanumeric		82939-0
617471	Resources	Alphanumeric		99622-3
617472	Additional Information	Alphanumeric		48767-8
617473	Method	Alphanumeric		85069-3
617474	Genes Analyzed	Alphanumeric		48018-6
617475	Disclaimer	Alphanumeric		62364-5
617476	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81403
81406 x 2
81479

Reference Values:

An interpretive report will be provided.