

Reporting Title: Motor and Sensory Neuropathy Panel
Performing Location: Rochester

Ordering Guidance:
First tier testing for a diagnosis of Charcot-Marie-Tooth disease type 1 is available; order PMPDD / *PMP22* Gene, Large Deletion/Duplication Analysis, Varies.

Targeted testing for familial variants (also called site-specific or known variants 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.

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.

Shipping Instructions:
Specimen preferred to arrive within 96 hours of collection.

Specimen Requirements:
Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. For instructions for testing patients who have received a bone marrow transplant, call 800-533-1710.
Specimen Type: Whole blood
Container/Tube: 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
Additional Information: To ensure minimum volume and concentration of DNA is met, the preferred volume of blood must be submitted. Testing may be canceled if DNA requirements are inadequate.

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. [Molecular Genetics: Neurology Patient Information](#)
3. If not ordering electronically, complete, print, and send a [Neurology Specialty Testing Client Test Request](#) (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
617585	Test Description	Alphanumeric		62364-5
617586	Specimen	Alphanumeric		31208-2
617587	Source	Alphanumeric		31208-2
617588	Result Summary	Alphanumeric		50397-9
617589	Result	Alphanumeric		82939-0
617590	Interpretation	Alphanumeric		69047-9
618181	Additional Results	Alphanumeric		82939-0
617591	Resources	Alphanumeric		99622-3
617592	Additional Information	Alphanumeric		48767-8
617593	Method	Alphanumeric		85069-3
617594	Genes Analyzed	Alphanumeric		48018-6
617595	Disclaimer	Alphanumeric		62364-5
617596	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81448