

Test Definition: LGCMP

Inherited Limb-Girdle Muscular Dystrophy and Congenital Myasthenic Syndrome Gene Panel, Varies

Reporting Title: LGMD and CMS Gene Panel **Performing Location:** Rochester

Ordering Guidance:

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.

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. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Specimen Type: Whole blood
Container/Tube: Lavender top (EDTA) or yellow top (ACD)
Acceptable: Any anticoagulant
Specimen Volume: 3 mL
Collection Instructions:

Invert several times to mix blood.
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. Molecular Genetics: Neurology Patient Information

3. If not ordering electronically, complete, print, and send a <u>Neurology Specialty Testing Client Test Request</u> (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

	Result ID	Reporting Name	Туре	Unit	LOINC®
--	-----------	----------------	------	------	--------



Test Definition: LGCMP

Inherited Limb-Girdle Muscular Dystrophy and Congenital Myasthenic Syndrome Gene Panel, Varies

	· · · · · · · · · · · · · · · · · · ·		
617624	Test Description	Alphanumeric	62364-5
617625	Specimen	Alphanumeric	31208-2
617626	Source	Alphanumeric	31208-2
617627	Result Summary	Alphanumeric	50397-9
617628	Result	Alphanumeric	82939-0
617629	Interpretation	Alphanumeric	69047-9
618184	Additional Results	Alphanumeric	82939-0
617630	Resources	Alphanumeric	99622-3
617631	Additional Information	Alphanumeric	48767-8
617632	Method	Alphanumeric	85069-3
617633	Genes Analyzed	Alphanumeric	48018-6
617634	Disclaimer	Alphanumeric	62364-5
617635	Released By	Alphanumeric	18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81443

Reference Values:

An interpretive report will be provided.