

Reporting Title: Bartter Syndrome Gene Panel

Performing Location: Rochester

Ordering Guidance:

The genes associated with Gitelman syndrome (SLC12A3) and autosomal dominant familial hypocalciuric hypercalcemia (FHH) (CASR) are not included on this panel. If testing for these disorders and Bartter syndrome on a single panel is desired, order RSCGP / Nephrocalcinosis, Nephrolithiasis, and Renal Electrolyte Imbalance Gene Panel, Varies. [It is inappropriate to order both this test and RSCGP on the same patient because the genes on this panel are included on the RSCGP panel.](#)

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.

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 Renal Genetic Testing Patient Information](#) (T918)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
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618101	Test Description	Alphanumeric		62364-5
618102	Specimen	Alphanumeric		31208-2
618103	Source	Alphanumeric		31208-2
618104	Result Summary	Alphanumeric		50397-9
618105	Result	Alphanumeric		82939-0
618106	Interpretation	Alphanumeric		69047-9
618107	Additional Results	Alphanumeric		82939-0
618108	Resources	Alphanumeric		99622-3
618109	Additional Information	Alphanumeric		48767-8
618110	Method	Alphanumeric		85069-3
618111	Genes Analyzed	Alphanumeric		48018-6
618112	Disclaimer	Alphanumeric		62364-5
618113	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

- 81404
- 81406
- 81407
- 81479
- 81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.