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**Reporting Title:** RBC Membrane Sequencing, NGS**Performing Location:** Rochester**Ordering Guidance:**

Multiple hematology gene panels are available. For more information see [NHHA and Subpanel Comparison Gene List](#).

Customization of this panel and/or single gene analysis for any gene present on this 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 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.

**Additional Testing Requirements:**

This test is best interpreted in the context of protein studies and peripheral blood findings. Prior to sending this test, Coombs testing should be negative and consider evaluating a peripheral blood smear. This can be provided by ordering RBCME / Red Blood Cell Membrane Evaluation, Blood. Fill out the information sheet and indicate that a next-generation sequencing test was also ordered. Additionally, providing complete blood cell count data and clinical notes will allow more precise interpretation of results.

**Shipping Instructions:**

Specimen preferred to arrive within 96 hours of collection.

**Necessary Information:**

1. [Metabolic Hematology Next-Generation Sequencing \(NGS\) Patient Information](#) is required. Testing may proceed without the patient information; however, the information aids in providing a more thorough interpretation. Ordering providers are strongly encouraged to fill out the form and send with the specimen.
2. If form not provided, include the following information with the test request: clinical diagnosis, pertinent clinical history (ie, complete blood cell count results and relevant clinical notes), and differentials based on clinical or morphologic presentation.

**Specimen Requirements:****Specimen Type:** Whole blood**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)**Acceptable:** Yellow top (ACD)**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) 4 days/Refrigerated**Forms:**

1. [Metabolic Hematology Next-Generation Sequencing \(NGS\) Patient Information](#) (T816) is required.
2. **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)
3. If not ordering electronically, complete, print, and send a [Benign Hematology Test Request](#) (T755)with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
619062	Test Description	Alphanumeric		62364-5
619063	Specimen	Alphanumeric		31208-2
619064	Source	Alphanumeric		31208-2
619065	Result Summary	Alphanumeric		50397-9
619066	Result	Alphanumeric		82939-0
619067	Interpretation	Alphanumeric		59465-5
619068	Additional Results	Alphanumeric		82939-0
619069	Resources	Alphanumeric		99622-3
619070	Additional Information	Alphanumeric		48767-8
619071	Method	Alphanumeric		85069-3
619072	Genes Analyzed	Alphanumeric		82939-0
619073	Disclaimer	Alphanumeric		62364-5
619074	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81405  
81479  
81479 (if appropriate for government payers)

Reference Values:

An interpretive report will be provided.