
Reporting Title: CDA 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 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 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.

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 any previous bone marrow studies, 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®
619076	Test Description	Alphanumeric		62364-5
619077	Specimen	Alphanumeric		31208-2
619078	Source	Alphanumeric		31208-2
619079	Result Summary	Alphanumeric		50397-9
619080	Result	Alphanumeric		82939-0
619081	Interpretation	Alphanumeric		69047-9
619082	Additional Results	Alphanumeric		82939-0
619083	Resources	Alphanumeric		99622-3
619084	Additional Information	Alphanumeric		48767-8
619085	Method	Alphanumeric		85069-3
619086	Genes Analyzed	Alphanumeric		82939-0
619087	Disclaimer	Alphanumeric		62364-5
619088	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

81479

Reference Values:

An interpretive report will be provided.