MAYO CLINIC LABORATORIES

Test Definition: GNPRC

Protein C Deficiency, PROC Gene, Next-Generation Sequencing, Varies

Reporting Title: PROC Gene, Full Gene NGS
Performing Location: Rochester

Ordering Guidance:

This test should only be considered if clinical and family history, initial coagulation screens, and initial protein C activity and antigen tests indicate a diagnosis of antithrombin deficiency (see Testing Algorithm). This test does not measure protein C activity or antigen levels.

For assessment of protein C activity, order CFX / Protein C Activity, Plasma. If protein C activity is low, protein C antigen testing could help distinguish between type I and type II deficiencies; order PCAG / Protein C Antigen, Plasma.

For assessment of protein C antigen, order PCAG / Protein C Antigen, Plasma.

If genetic testing for hereditary blood clotting disorders using a larger panel is desired, a 16-gene comprehensive thrombosis panel is available; order GNTHR / Thrombosis Disorders, Comprehensive Gene Panel, Next-Generation Sequencing, Varies.

Testing for the *PROC* gene as part of a customized 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 variants identified in the *PROC* gene. 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:

Rare Coagulation Disorder 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.

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

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Forms:

1. Rare Coagulation Disorder Patient Information **(T824) 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 an Coagulation Test Request (T753) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
619174	Test Description	Alphanumeric		62364-5
619175	Specimen	Alphanumeric		31208-2
619176	Source	Alphanumeric		31208-2
619177	Result Summary	Alphanumeric		50397-9
619178	Result	Alphanumeric		82939-0
619179	Interpretation	Alphanumeric		69047-9
619180	Additional Results	Alphanumeric		82939-0
619181	Resources	Alphanumeric		99622-3
619182	Additional Information	Alphanumeric		48767-8
619183	Method	Alphanumeric		85069-3
619184	Genes Analyzed	Alphanumeric		82939-0
619185	Disclaimer	Alphanumeric		62364-5
619186	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.