
Reporting Title: AudioloGene Hearing Loss Panel**Performing Location:** Rochester**Ordering Guidance:**

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. For more information 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:

[Molecular Genetics: Hereditary Hearing Loss Patient Information](#) or a recent clinical note should be submitted along with the sample.

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.

Submit only 1 of the following specimens:

Specimen Type: Whole blood

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

Specimen Type: Skin biopsy

Supplies: Fibroblast Biopsy Transport Media (T115)

Container/Tube: Sterile container with any standard cell culture media (eg, minimal essential media, RPMI 1640). The solution should be supplemented with 1% penicillin and streptomycin.

Specimen Volume: 4-mm punch

Specimen Stability Information: Refrigerated (preferred)/Ambient

Additional Information: A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks is required to culture fibroblasts before genetic testing can occur.

Specimen Type: Cultured fibroblasts

Container/Tube: T-25 Flask

Specimen Volume: 2 Flasks

Collection Instructions: Submit confluent cultured fibroblast cells from a skin biopsy from another laboratory. Cultured cells from a prenatal specimen will **not** be accepted.

Specimen Stability Information: Ambient (preferred)/Refrigerated (<24 hours)

Additional Information: A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks is required to culture fibroblasts before genetic testing can occur.

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 Hereditary Hearing Loss Patient Information](#)
3. If not ordering electronically, complete, print, and send a [Neurology Specialty Testing Client Test Request](#) (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
619373	Test Description	Alphanumeric		62364-5
619374	Specimen	Alphanumeric		31208-2
619375	Source	Alphanumeric		31208-2
619376	Result Summary	Alphanumeric		50397-9
619377	Result	Alphanumeric		82939-0
619378	Interpretation	Alphanumeric		69047-9
619379	Additional Results	Alphanumeric		82939-0
619380	Resources	Alphanumeric		99622-3
619381	Additional Information	Alphanumeric		48767-8
619382	Method	Alphanumeric		85069-3
619383	Genes Analyzed	Alphanumeric		48018-6
619384	Disclaimer	Alphanumeric		62364-5
619385	Released By	Alphanumeric		18771-6

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

Supplemental Report:
Supplemental

CPT Code Information:
81430
81431

81479 (if appropriate for government payers)
88233-Tissue culture, skin, solid tissue biopsy (if appropriate)
88240-Cryopreservation (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CULFB	Fibroblast Culture for Genetic Test	1	88233	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CULFB	52327	Result Summary	Alphanumeric		50397-9
CULFB	52329	Interpretation	Alphanumeric		69965-2
CULFB	52328	Result	Alphanumeric		82939-0
CULFB	CG770	Reason for Referral	Alphanumeric		42349-1
CULFB	CG899	Specimen	Alphanumeric		31208-2
CULFB	52331	Source	Alphanumeric		31208-2
CULFB	52332	Method	Alphanumeric		85069-3
CULFB	54625	Additional Information	Alphanumeric		48767-8
CULFB	52333	Released By	Alphanumeric		18771-6

Reference Values:

An interpretive report will be provided.