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**Reporting Title:** Viral Susceptibility Gene Panel**Performing Location:** Rochester**Ordering Guidance:**

For patients with Epstein-Barr virus (EBV) susceptibility or a heritable predisposition to lymphoproliferative diseases, see EBLPD / Epstein-Barr Virus (EBV) Susceptibility and Lymphoproliferative Disorders Gene Panel, 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 testing option, call 800-533-1710.

**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.

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) 4 days/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: Congenital Inherited Diseases Patient Information](#) (T521)
3. [Viral Susceptibility, Lymphoproliferation, and Hemophagocytic Lymphohistiocytosis Patient Information](#)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
619901	Test Description	Alphanumeric		62364-5
619902	Specimen	Alphanumeric		31208-2
619903	Source	Alphanumeric		31208-2
619904	Result Summary	Alphanumeric		50397-9
619905	Result	Alphanumeric		82939-0
619906	Interpretation	Alphanumeric		69047-9
619907	Additional Results	Alphanumeric		82939-0
619908	Resources	Alphanumeric		99622-3
619909	Additional Information	Alphanumeric		48767-8
619910	Method	Alphanumeric		85069-3
619911	Genes Analyzed	Alphanumeric		82939-0
619912	Disclaimer	Alphanumeric		62364-5
619913	Released By	Alphanumeric		18771-6

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

Supplemental Report:

Supplemental

CPT Code Information:

- 81443
- 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.