

**Reporting Title:** Gamma Globin Full Gene Sequencing  
**Performing Location:** Rochester

**Necessary Information:**  
A complete patient history is strongly encouraged.

**Specimen Requirements:**  
Submit only 1 of the following specimens:

**Specimen Type:** Whole blood  
**Container/Tube:**  
**Preferred:** Lavender top (EDTA)  
**Acceptable:** Yellow top (ACD)  
**Specimen Volume:** 4 mL  
**Collection Instructions:**  
1. Invert several times to mix blood.  
2. Send whole blood specimen in the original tube. **Do not aliquot.**  
**Specimen Stability Information:** Refrigerate 30 days(preferred)/Ambient 14 days

**Specimen Type:** Extracted DNA from whole blood  
**Container/Tube:** 1.5 to 2 mL tube  
**Specimen Volume:** Entire specimen  
**Collection Instructions:** Label specimen as extracted DNA from blood and provide indication of volume and concentration of the DNA  
**Specimen Stability Information:** Frozen (preferred)/Refrigerate/Ambient

**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. [Thalassemia/Hemoglobinopathy Patient Information](#) (T358)  
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®
46952	Gamma Globin Gene Sequencing Result	Alphanumeric		50397-9
46953	Gamma Globin Interpretation	Alphanumeric		59466-3

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

**Supplemental Report:**

No

**CPT Code Information:**

81479-Unlisted molecular

**Reference Values:**

An interpretive report will be provided.