Test Definition: CHLGP

Cholestasis Gene Panel, Varies

Overview

Useful For

Establishing a molecular diagnosis for patients with monogenic cholestasis

Identifying variants within genes known to be associated with primary, monogenic cholestasis, allowing for predictive testing of at-risk family members

This panel is **not intended** to diagnose multifactorial cholestasis.

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
_STR1	Comp Analysis using STR (Bill only)	No, (Bill only)	No
_STR2	Add'l comp analysis w/STR (Bill Only)	No, (Bill only)	No
CULFB	Fibroblast Culture for Genetic Test	Yes	No
CULAF	Amniotic Fluid Culture/Genetic Test	Yes	No
MATCC	Maternal Cell Contamination, B	Yes	No

Genetics Test Information

This test utilizes next-generation sequencing to detect single nucleotide and copy number variants in 170 genes associated with cholestasis: *ABCB11, ABCB4, ABCC2, ABCD3, ABCG5, ABCG8, ABHD5, ACOX1, ACOX2, ADK, AGL, AGPAT2, AKR1D1, ALAS2, ALDOA ,ALDOB, ALG1, ALG8, AMACR, ANKS6, AP1S1, ARG1, ARSB, ASAH1, ASS1, ATP6AP1, ATP7B, ATP8B1, B4GALT1, BAAT, BCS1L, BSCL2, CAVIN1, CC2D2A, CCDC115, CDAN1, CIDEC, CFTR, CLDN1, COG6, COG7, CYP27A1, CYP7A1, CYP7B1, DCDC2, DGUOK, DHCR7, EHHADH, FAH, FBP1, FECH, FUCA1, G6PC, G6PD, GAA, GALE, GALNS, GALT, GBA, GBE1, GLB1, GLIS3, GNE, GNPTAB, GNS, GUSB, HADHA, HADHB, HGSNAT, HNF1B, HSD17B4, HSD3B7, IARS1, IDS, IDUA, INVS, ITCH, JAG1, KCNH1, KIF12, LIPA, LSR, MAN2B1, MICOS13, MKS1, MPV17, MVK, MYO5B, NAGLU, NEK8, NEU1, NOTCH2, NPC1, NPC2, NPHP1, NPHP3, NPHP4, NR1H4, PEPD, PEX1, PEX10, PEX11B, PEX12, PEX13, PEX14, PEX16, PEX19, PEX2, PEX26, PEX3, PEX5, PEX6, PEX7, PHKA2, PHKB, PHKG2, PKHD1, PNPLA2, POLG, POMC, PRKAG2, PSAP, PYGL, RFX6, SC5D, SCP2, SCYL1, SERAC1, SERPINA1, SGSH, SLC10A1, SLC10A2, SLC17A5, SLC22A5, SLC25A13, SLC25A15, SLC25A20, SLC27A5, SLC30A10, SLC37A4, SLC51A, SLC51B, SLC7A7, SLCO1B1, SLCO1B3, SMPD1, STXBP2, SUMF1, TALDO1, TBX19, TFAM, TFR2, TJP2, TMEM216, TRAPPC11, TRIM37, TRMU, TSFM, TTC26, TTC37, TWNK, UGT1A1, UNC45A, USP53, VIPAS39, VMA21, VPS33A, VPS33B, WDR83OS,* and *ZFYVE19*. See Method Description and Gene Selection Table for additional details.

Identification of a disease-causing variant may assist with diagnosis, prognosis, clinical management, familial screening, and genetic counseling for disorders causing primary, monogenic cholestasis. Risk alleles for multifactorial cholestasis will not be reported unless otherwise requested.

Testing Algorithm

Prenatal specimens:

If an amniotic fluid specimen or cultured amniocytes are received, an amniotic fluid culture will be performed at an additional charge.

If a chorionic villi specimen or cultured chorionic villi are received, a fibroblast culture will be performed at an additional charge.

For any prenatal specimen that is received, maternal cell contamination testing will be performed at an additional charge.

Skin biopsy or cultured fibroblast specimens:

For skin biopsy and cultured fibroblast specimens, fibroblast culture will be added at an additional charge. If viable cells are not obtained, the client will be notified.

Cord blood:

For cord blood specimens that have an accompanying maternal blood specimen, maternal cell contamination studies will be performed at an additional charge.

Special Instructions

- Molecular Genetics: Biochemical Disorders Patient Information
- Informed Consent for Genetic Testing
- Blood Spot Collection Card-Spanish Instructions
- Blood Spot Collection Card-Chinese Instructions
- Informed Consent for Genetic Testing (Spanish)
- Blood Spot Collection Instructions

Method Name

Sequence Capture and Targeted Next-Generation Sequencing followed by Polymerase Chain Reaction (PCR) and Sanger Sequencing

NY State Available

Yes

Specimen

Specimen Type

Varies

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. To modify this panel via CGPH, use the Inborn Errors of Metabolism disease state for step 1 on the Custom Gene Ordering Tool.

Targeted testing for familial variants (also called site-specific or known mutations 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.

Specimen Required

Patient Preparation: A previous hematopoietic stem cell transplant from an allogenic donor will interfere with testing. For information about testing patients who have received a hematopoietic stem cell transplant, call 800-533-1710.

Submit only 1 of the following specimens:

Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA) or yellow top (ACD)
Acceptable: Green top (sodium heparin)
Specimen Volume: 3 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot**.
3. Whole blood collected postnatal from an umbilical cord is also acceptable. See Additional Information
Specimen Stability Information: Ambient (preferred) 4 days/Refrigerated 4 days/Frozen 4 days
Additional Information:
1. Specimens are preferred to be received within 4 days of collection. Extraction will be attempted for specimens received after 4 days, and DNA yield will be evaluated to determine if testing may proceed.
2. To ensure minimum volume and concentration of DNA are met, the requested volume must be submitted. Testing may be canceled if DNA requirements are inadequate.
3. For postnatal umbilical cord whole blood specimens, maternal cell contamination studies are recommended to ensure test results reflect that of the patient tested. A maternal blood specimen is required to complete maternal cell contamination studies. Order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on both the cord blood and maternal blood specimens under separate order numbers.

Specimen Type: Saliva
Patient Preparation: Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.
Supplies:
DNA Saliva Kit High Yield (T1007)
Saliva Swab Collection Kit (T786)
Container/Tube:
Preferred: High-yield DNA saliva kit
Acceptable: Saliva swab
Specimen Volume: 1 Tube if using T1007 or 2 swabs if using T786
Collection Instructions: Collect and send specimen per kit instructions.
Specimen Stability Information: Ambient (preferred) 30 days/Refrigerated 30 days
Additional Information: Saliva specimens are acceptable but not recommended. Due to lower quantity/quality of DNA yielded from saliva, some aspects of the test may not perform as well as DNA extracted from a whole blood sample. When applicable, specific gene regions that were unable to be interrogated will be noted in the report. Alternatively, additional specimen may be required to complete testing.

Specimen Type: Blood spot
Supplies: Card-Blood Spot Collection (Filter Paper) (T493)
Container/Tube:
Preferred: Collection card (Whatman Protein Saver 903 Paper)
Acceptable: PerkinElmer 226 filter paper or blood spot collection card
Specimen Volume: 2 to 5 Blood spots
Collection Instructions:
1. An alternative blood collection option for a patient older than 1 year is a fingerstick. For detailed instructions, see How to Collect a Dried Blood Spot Sample.
2. Let blood dry on the filter paper at ambient temperature in a horizontal position for a minimum of 3 hours.
3. Do not expose specimen to heat or direct sunlight.
4. Do not stack wet specimens.
5. Keep specimen dry.
Specimen Stability Information: Ambient (preferred)/Refrigerated
Additional Information:
1. Blood spot specimens are acceptable but not recommended. Multiple extractions will be required to obtain sufficient yield for supplemental analysis, and there is significant risk for test failure due to insufficient DNA.
2. Due to lower concentration of DNA yielded from blood spot, some aspects of the test may not perform as well as DNA extracted from a whole blood sample. When applicable, specific gene regions that were unable to be interrogated will be noted in the report. Alternatively, additional specimen may be required to complete testing.
3. For collection instructions, see Blood Spot Collection Instructions
4. For collection instructions in Spanish, see Blood Spot Collection Card-Spanish Instructions (T777)
5. For collection instructions in Chinese, see Blood Spot Collection Card-Chinese Instructions (T800)

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: Ambient (preferred) <24 hours/Refrigerated <24 hours
Additional Information:
1. Specimens are preferred to be received within 24 hours of collection. Culture and/or extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks are required to culture fibroblasts before genetic testing can occur.

Specimen Type: Cultured fibroblasts
Source: Skin or tissue
Container/Tube: T-25 flask
Specimen Volume: 2 Flasks
Collection Instructions: Submit confluent cultured fibroblast cells from a skin or tissue biopsy. Cultured cells from a prenatal specimen will not be accepted.
Specimen Stability Information: Ambient (preferred) <24 hours/Refrigerated <24 hours
Additional Information:
1. Specimens are preferred to be received within 24 hours of collection. Culture and/or extraction will be attempted for

specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks are required to culture fibroblasts before genetic testing can occur.

Specimen Type: Extracted DNA
Container/Tube:
Preferred: Screw Cap Micro Tube, 2mL with skirted conical base
Acceptable: Matrix tube, 1mL
Collection Instructions:
1. The preferred volume is at least 100 mcL at a concentration of 75 ng/mcL.
2. Include concentration and volume on tube.
Specimen Stability Information: Frozen (preferred) 1 year/Ambient/Refrigerated
Additional Information: DNA must be extracted in a CLIA-certified laboratory or equivalent and must be extracted from a specimen type listed as acceptable for this test (including applicable anticoagulants). Our laboratory has experience with Chemagic, Puregene, Autopure, MagnaPure, and EZ1 extraction platforms and cannot guarantee that all extraction methods are compatible with this test. If testing fails, one repeat will be attempted, and if unsuccessful, the test will be reported as failed and a charge will be applied. If applicable, specific gene regions that were unable to be interrogated due to DNA quality will be noted in the report.

PRENATAL SPECIMENS
Due to its complexity, consultation with the laboratory is required for all prenatal testing; call 800-533-1710 to speak to a genetic counselor.

Specimen Type: Amniotic fluid
Container/Tube: Amniotic fluid container
Specimen Volume: 20 mL
Specimen Stability Information: Ambient (preferred) <24 hours/Refrigerated <24 hours
Additional Information: Specimen will only be tested after culture.
1. Specimens are preferred to be received within 24 hours of collection. Culture and extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULAF / Culture for Genetic Testing, Amniotic Fluid. An additional 2 to 3 weeks are required to culture amniotic fluid before genetic testing can occur.
3. **All prenatal specimens must be accompanied by a maternal blood specimen;** order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

Specimen Type: Confluent cultured amniocytes
This does not include cultured chorionic villi.
Container/Tube: T-25 flask
Specimen Volume: 2 Full flasks
Collection Instructions: Submit confluent cultured cells from another laboratory
Specimen Stability Information: Ambient (preferred) <24 hours/Refrigerated <24 hours
Additional Information:
1. Specimens are preferred to be received within 24 hours of collection. Culture and extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing.

3. **All prenatal specimens must be accompanied by a maternal blood specimen;** order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

Specimen Type: Chorionic villi
Container/Tube: 15-mL tube containing 15 mL of transport media
Specimen Volume: 20 mg
Specimen Stability Information: Ambient (preferred) <24 hours/Refrigerated <24 hours
Additional Information: Specimen will only be tested after culture.
1. Specimens are preferred to be received within 24 hours of collection. Culture and extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks are required to culture fibroblasts before genetic testing can occur.
3. **All prenatal specimens must be accompanied by a maternal blood specimen;** order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

Specimen Type: Cultured chorionic villi
Container/Tube: T-25 flasks
Specimen Volume: 2 Full flasks
Collection Instructions: Submit confluent cultured cells from another laboratory
Specimen Stability Information: Ambient (preferred) <24 hours/Refrigerated <24 hours
Additional Information:
1. Specimens are preferred to be received within 24 hours of collection. Culture and extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing.
3. **All prenatal specimens must be accompanied by a maternal blood specimen;** order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

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: Biochemical Disorders Patient Information (T527)
3. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
Biochemical Genetics Test Request (T798)
Gastroenterology and Hepatology Test Request (T728)

Specimen Minimum Volume

See Specimen Required

Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Clinical & Interpretive

Clinical Information

Cholestasis is a decrease in or obstruction of bile flow that results in jaundice, pruritus, hepatomegaly, and splenomegaly. Cholestasis can be the primary clinical symptom due to progressive familial intrahepatic cholestasis (PFIC) or one of a number of symptoms due to a variety of genetic disorders that cause multisystem disease. Many forms of cholestasis are multifactorial in origin occurring due to the presence of both risk-associated alleles and environmental circumstances. This panel is not intended to diagnose multifactorial cholestasis and risk-associated alleles will not be reported unless requested.(1)

PFIC is a group of disorders caused by bile secretion or transport defects that result in intrahepatic cholestasis in infancy or childhood. There are 5 types of PFIC that are molecularly defined: FIC1 (*ATP8B1* gene), PFIC2 (*ABCB11* gene), PFIC3 (*ABCB4* gene), PFIC4 (*TJP2* gene), and PFIC5 (*NR1H4* gene). PFICs 1, 2, and 4 have normal to mild elevations of gamma-glutamyltransferase (GGT). PFIC 3 results in significantly elevated serum GGT, whereas PFIC5 causes low to normal GGT levels.(2)

PFIC can present with cholestasis in neonates, but most commonly manifests around 3 months of age for those with PFIC2, the most common type. Studies of infants and children with cholestasis have shown that 12% to 13% have molecularly confirmed PFIC. Disease progression results in liver failure and hepatocellular carcinoma. Liver transplantation is an effective treatment, though less effective for multisystemic PFIC1 than for other types. However, there is significant mortality, as 87% of patients with untreated PFIC will not survive.(2)

A variety of other genetic disorders can also result in cholestasis, such as Alagille syndrome (*JAG1* and *NOTCH2* genes), alpha-1-antitrypsin deficiency (*SERPINA1* gene), arthrogryposis, kidney dysfunction, and cholestasis syndrome (*VPS33B* and *VIPAS39* genes), citrullinemia (*SLC25A13* gene), congenital defects of bile acid synthesis (*HSD3B7* and *AKR1D1* genes), familial hypercholanemia (*BAAT* gene), neonatal ichthyosis-sclerosing cholangitis syndrome (*CLDN1* gene), and Crigler-Najjar syndrome types I or II or Gilbert syndrome (*UGT1A1*). In addition, peroxisomal disorders (*PEX* genes) and mitochondrial disorders can include cholestatic liver disease among other features.(3)

This comprehensive gene panel is a rapid and reliable first-tier test to establish a diagnosis for patients with monogenic cholestasis.

Reference Values

An interpretive report will be provided.

Interpretation

All detected alterations are evaluated according to American College of Medical Genetics and Genomics recommendations.(4) Variants are classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance.

Cautions

Clinical Correlations:

Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Misinterpretation of results may occur if the information provided is inaccurate or incomplete.

If testing was performed because of a clinically significant family history, it is often useful to first test an affected family member. Detection of at least one reportable variant in an affected family member would allow for more informative testing of at-risk individuals.

To discuss the availability of additional testing options or for assistance in the interpretation of these results, contact the Mayo Clinic Laboratories genetic counselors at 800-533-1710.

Technical Limitations:
Next-generation sequencing may not detect all types of genomic variants. In rare cases, false-negative or false-positive results may occur. The depth of coverage may be variable for some target regions; assay performance below the minimum acceptable criteria or for failed regions will be noted. Given these limitations, negative results do not rule out the diagnosis of a genetic disorder. If a specific clinical disorder is suspected, evaluation by alternative methods can be considered.

There may be regions of genes that cannot be effectively evaluated by sequencing or deletion and duplication analysis as a result of technical limitations of the assay, including regions of homology, high guanine-cytosine (GC) content, and repetitive sequences. Confirmation of select reportable variants will be performed by alternate methodologies based on internal laboratory criteria.

This test is validated to detect 95% of deletions up to 75 base pairs (bp) and insertions up to 47 bp. Deletions-insertions (delins) of 40 or more bp, including mobile element insertions, may be less reliably detected than smaller delins.

This analysis targets single and multi-exon deletions/duplications; however, in some instances single exon resolution cannot be achieved due to isolated reduction in sequence coverage or inherent genomic complexity. Balanced structural rearrangements (such as translocations and inversions) may not be detected.

Deletion/duplication events that extend past the genes included on the panel may occur. In these instances, genes included in the ordered test are provided on the report and interpreted, and genomic breakpoints are reported if they are confirmed. However, copy number variants for genes not listed in the Method Description are typically not reported or interpreted for haploinsufficiency/triplosensitivity. CMACB / Chromosomal Microarray, Congenital, Blood; WESPR / Panel to Whole Exome Sequencing Reflex Test, Varies; or WGSDX / Whole Genome Sequencing for Hereditary Disorders, Varies is recommended for a full interpretation of deletions/duplications predicted to extend past the genes included on the panel.

This test is not designed to detect low levels of mosaicism or to differentiate between somatic and germline variants. If there is a possibility that any detected variant is somatic, additional testing may be necessary to clarify the significance of results.

Genes may be added or removed based on updated clinical relevance. For detailed information regarding gene-specific performance and technical limitations, see Method Description or contact a laboratory genetic counselor.

If the patient has had an allogeneic hematopoietic stem cell transplant or a recent non-leukocyte-reduced blood

transfusion, results may be inaccurate due to the presence of donor DNA. Call Mayo Clinic Laboratories for instructions for testing patients who have received a bone marrow transplant.

Reclassification of Variants:
Currently, it is not standard practice for the laboratory to systematically review previously classified variants on a regular basis. The laboratory encourages healthcare professionals to contact the laboratory at any time to learn how the classification of a particular variant may have changed over time. Due to broadening genetic knowledge, it is possible that the laboratory may discover new information of relevance to the patient. Should that occur, the laboratory may issue an amended report.

Variant Evaluation:
Evaluation and categorization of variants are performed using published American College of Medical Genetics and Genomics and the Association for Molecular Pathology recommendations as a guideline.(4) Other gene-specific guidelines may also be considered. Variants are classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance. Variants classified as benign or likely benign are not reported.

Multiple in silico evaluation tools may be used to assist in the interpretation of these results. The accuracy of predictions made by in silico evaluation tools is highly dependent upon the data available for a given gene, and periodic updates to these tools may cause predictions to change over time. Results from in silico evaluation tools should be interpreted with caution and professional clinical judgement.

Rarely, incidental or secondary findings may implicate another predisposition or presence of active disease. These findings will be carefully reviewed to determine whether they will be reported.

Clinical Reference

1. Chowdhury J, Wolkoff AW, Chowdhury N, Arias IM. Hereditary jaundice and disorders of bilirubin metabolism. In: Valle D, Antonarakis S, Ballabio A, Beaudet A, Mitchell GA, eds. The Online Metabolic and Molecular Bases of Inherited Disease. McGraw-Hill; 2019. Accessed December 22, 2025. Available at http://ommbid.mhmedical.com/content.aspx?bookid=2709&sectionid=225541453
2. Baker A, Kerkar N, Todorova L, et al. Systematic review of progressive familial intrahepatic cholestasis. Clin Res Hepatol Gastroenterol. 2019;43(1):20-36
3. Amendola M, Squires J. Pediatric Genetic Cholestatic Liver Disease Overview. In: Adam MP, Feldman J, Mirzaa GM, et al, eds. GeneReviews [Internet]. University of Washington, Seattle; 2022. Updated May 25, 2023. Accessed December 22, 2025. Available at www.ncbi.nlm.nih.gov/books/NBK584020/
4. Richards S, Aziz N, Bale S, et al: Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. Genet Med. 2015;17(5):405-424

Performance

Method Description

Next-generation sequencing (NGS) and/or Sanger sequencing are performed to test for the presence of variants in

coding regions and intron/exon boundaries of the genes analyzed, as well as some other regions that have known disease-causing variants. The human genome reference GRCh37/hg19 build was used for sequence read alignment. At least 99% of the bases are covered at a read depth over 30X. Sensitivity is estimated to be over 99% for single nucleotide variants, over 94% for deletions-insertions (delins) less than 40 base pairs (bp), and over 95% for deletions up to 75 bp and insertions up to 47 bp. NGS and/or a polymerase chain reaction -based quantitative method is performed to test for the presence of deletions and duplications in the genes analyzed.

There may be regions of genes that cannot be effectively evaluated by sequencing or deletion and duplication analysis as a result of technical limitations of the assay, including regions of homology, high guanine-cytosine (GC) content, and repetitive sequences. See Gene Selection Table for details regarding the targeted genes analyzed and the specific gene regions not routinely covered.(Unpublished Mayo method)

Genes analyzed: *ABCB11, ABCB4, ABCC2, ABCD3, ABCG5, ABCG8, ABHD5, ACOX1, ACOX2, ADK, AGL, AGPAT2, AKR1D1, ALAS2, ALDOA ,ALDOB, ALG1, ALG8, AMACR, ANKS6, AP1S1, ARG1, ARSB, ASAH1, ASS1, ATP6AP1, ATP7B, ATP8B1, B4GALT1, BAAT, BCS1L, BSCL2, CAVIN1, CC2D2A, CCDC115, CDAN1, CIDEC, CFTR, CLDN1, COG6, COG7, CYP27A1, CYP7A1, CYP7B1, DCDC2, DGUOK, DHCR7, EHHADH, FAH, FBP1, FECH, FUCA1, G6PC, G6PD, GAA, GALE, GALNS, GALT, GBA, GBE1, GLB1, GLIS3, GNE, GNPTAB, GNS, GUSB, HADHA, HADHB, HGSNAT, HNF1B, HSD17B4, HSD3B7, IARS1, IDS, IDUA, INVS, ITCH, JAG1, KCNH1, KIF12, LIPA, LSR, MAN2B1, MICOS13, MKS1, MPV17, MVK, MYO5B, NAGLU, NEK8, NEU1, NOTCH2, NPC1, NPC2, NPHP1, NPHP3, NPHP4, NR1H4, PEPD, PEX1, PEX10, PEX11B, PEX12, PEX13, PEX14, PEX16, PEX19, PEX2, PEX26, PEX3, PEX5, PEX6, PEX7, PHKA2, PHKB, PHKG2, PKHD1, PNPLA2, POLG, POMC, PRKAG2, PSAP, PYGL, RFX6, SC5D, SCP2, SCYL1, SERAC1, SERPINA1, SGSH, SLC10A1, SLC10A2, SLC17A5, SLC22A5, SLC25A13, SLC25A15, SLC25A20, SLC27A5, SLC30A10, SLC37A4, SLC51A, SLC51B, SLC7A7, SLCO1B1, SLCO1B3, SMPD1, STXBP2, SUMF1, TALDO1, TBX19, TFAM, TFR2, TJP2, TMEM216, TRAPPC11, TRIM37, TRMU, TSFM, TTC26, TTC37, TWNK, UGT1A1, UNC45A, USP53, VIPAS39, VMA21, VPS33A, VPS33B, WDR83OS*, and *ZFYVE19*.

PDF Report
No

Day(s) Performed
Varies

Report Available
21 to 28 days

Specimen Retention Time
Whole blood: 25 days (if available); Saliva: 30 days (if available); Extracted DNA: 3 months; Blood Spots: 1 year (if available)

Performing Laboratory Location
Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes

Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

81443
88233-Tissue culture, skin, solid tissue biopsy (if appropriate)
88240-Cryopreservation (if appropriate)

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
CHLGP	Cholestasis Gene Panel	105345-3

Result ID	Test Result Name	Result LOINC® Value
608620	Test Description	62364-5
608621	Specimen	31208-2
608622	Source	31208-2
608623	Result Summary	50397-9
608624	Result	82939-0
608625	Interpretation	69047-9
608626	Resources	99622-3
608627	Additional Information	48767-8
608628	Method	85069-3
608629	Genes Analyzed	48018-6
608630	Disclaimer	62364-5
608631	Released By	18771-6