

Reporting Title: Spinocerebellar Ataxia Panel**Performing Location:** Rochester**Ordering Guidance:**

If the patient has a family history or clinical symptoms specific to a particular type of spinocerebellar ataxia, order SCARA / Spinocerebellar Ataxia Type 1, 2, 3, 6, or 7, Repeat Expansion Analysis, Varies instead of this test.

This test and SCARA should not be ordered concurrently.

Shipping Instructions:

Specimen preferred to arrive within 96 hours of collection.

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) 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 Minimum Volume:

0.5 mL

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: Neurology 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	Ambient (preferred)		

	Frozen	
	Refrigerated	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
609506	Result Summary	Alphanumeric		21769-5
609507	Result	Alphanumeric		36911-6
609508	Interpretation	Alphanumeric		69047-9
609509	Additional Information	Alphanumeric		48767-8
609510	Specimen	Alphanumeric		31208-2
609511	Source	Alphanumeric		31208-2
609512	Method	Alphanumeric		85069-3
609513	Disclaimer	Alphanumeric		62364-5
609514	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

81178
81179
81180
81181
81184
81479 (if appropriate for government payers)

Reference Values:**SPINOCEREBELLAR ATAXIA TYPE 1**

Normal alleles: <36 CAG repeats
Normal alleles with CAT interruptions: 36-43 repeats
Intermediate alleles without CAT interruptions: 36-37 repeats
Uncertain significance: 38 repeats
Expanded alleles without CAT interruptions: >38 CAG repeats
Expanded alleles with CAT interruptions: >43 CAG repeats

SPINOCEREBELLAR ATAXIA TYPE 2

Normal alleles: <32 repeats

Uncertain significance: 31 homozygous and 32 repeats

Reduced penetrance: 33-34 repeats

Expanded alleles: >34 repeats

SPINOCEREBELLAR ATAXIA TYPE 3

Normal alleles: <45 repeats

Intermediate alleles: 45-59 repeats

Expanded alleles: >59 repeats

SPINOCEREBELLAR ATAXIA TYPE 6

Normal alleles: <19 repeats

Intermediate alleles: 19 heterozygous repeats

Uncertain significance: 19 homozygous repeats

Expanded alleles: >19 repeats

SPINOCEREBELLAR ATAXIA TYPE 7

Normal alleles: <19 repeats

Uncertain significance: 19-27 repeats

Intermediate alleles: 28-33 repeats

Reduced penetrance: 34-36 repeats

Expanded alleles: >36 repeats

An interpretive report will be provided.