

MAYO CLINIC
LABORATORIES Aminoglycoside-Induced Hearing Loss, Targeted Variant Testing,

Desploy Digital PCR Varies Droplet Digital PCR, Varies

Reporting Title: Aminoglycoside-Induced Hearing Loss

**Performing Location:** Rochester

## Ordering Guidance:

The preferred genetic test for diagnosis in individuals with suspicion of syndromic or non-syndromic hereditary hearing loss is HHLP / AudioloGene Hereditary Hearing Loss Panel, Varies.

## 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.

Specimen Type: Whole blood

Container/Tube:

Preferred: Lavender top (EDTA) or vellow top (ACD)

Acceptable: Any anticoagulant Specimen Volume: 3 mL Collection Instructions:

1. Invert several times to mix blood.

Send specimen in original tube.

Specimen Stability Information: Ambient/Refrigerated/Frozen

Additional Information: To ensure minimum volume and concentration of DNA is met, the preferred volume of blood must be submitted. Testing may be canceled if DNA requirements are inadequate.

Specimen Type: Saliva

Patient Preparation: Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.

Supplies: Saliva Collection Kit (T786)

Specimen Volume: 1 swab

Collection Instructions: Collect and send specimen per kit instructions.

Specimen Stability Information: Ambient

## Specimen Minimum Volume:

See Specimen Required

### 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

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3. If not ordering electronically, complete, print, and send a Therapeutics Test Request (T831) with the specimen.

Specimen Type	Temperature	Time	Special Container	
Varies	Varies			

### **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
609786	Specimen	Alphanumeric		31208-2
609787	Source	Alphanumeric		31208-2
609788	Result Summary	Alphanumeric		50397-9
609789	Result	Alphanumeric		82939-0
609790	Interpretation	Alphanumeric		69047-9
609791	Additional Information	Alphanumeric		48767-8
609792	Method	Alphanumeric		85069-3
609793	Disclaimer	Alphanumeric		62364-5
609794	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

# **Supplemental Report:**

No

## **CPT Code Information:**

81401

### **Reference Values:**

An interpretive report will be provided.