
Reporting Title: COMT Genotype, V**Performing Location:** Rochester**Ordering Guidance:**

This test should not be ordered for pheochromocytoma or paraganglioma assessment. Instead, order 1 of the following:

- METAF / Metanephrines, Fractionated, 24 Hour, Urine
- PMET / Metanephrines, Fractionated, Free, Plasma
- CATU / Catecholamine Fractionation, Free, 24 Hour, Urine
- CATP / Catecholamine Fractionation, Free, Plasma

Testing is available as the single gene assay (this test) and as a part of a psychotropic pharmacogenomics panel. If genotype testing for psychotropic medications is desired, order PSYQP / Psychotropic Pharmacogenomics Gene Panel, Varies.

Specimen Requirements:

Multiple genotype tests can be performed on a single specimen after a single extraction. See Multiple Genotype Test List in Special Instructions for a list of tests that can be ordered together.

Submit only 1 of the following specimens:

Specimen Type: Whole blood

Container/Tube: Lavender top (EDTA)

Specimen Volume: 3 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send specimen in original tube. Do not aliquot.

Specimen Stability Information: Ambient (preferred) 9 days/Refrigerated 30 days

Specimen Type: Saliva

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

Supplies: Saliva Swab Collection Kit (T786)

Specimen Volume: 1 swab

Collection Instructions: Collect and send specimen per kit instructions.

Specimen Stability Information: Ambient 30 days

Specimen Type: Extracted DNA

Container/Tube: 2 mL screw top tube

Specimen Volume: 100 mcL (microliters)

Collection Instructions:

1. The preferred volume is 100 mcL at a concentration of 50 ng/mcL.
2. Include concentration and volume on tube.

Specimen Stability Information: Frozen (preferred)/Ambient/Refrigerated

Specimen Minimum Volume:

Blood: 0.4 mL

Saliva: 1 swab

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 in Special Instructions:
 - Informed Consent for Genetic Testing (T576)
 - Informed Consent for Genetic Testing-Spanish (T826)
2. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
 - Neurology Specialty Testing Client Test Request (T732)
 - Therapeutics Test Request (T831)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
610124	COMT Genotype	Alphanumeric		74511-7
610125	COMT Phenotype	Alphanumeric		93411-7
610126	Interpretation	Alphanumeric		69047-9
610127	Additional Information	Alphanumeric		48767-8
610128	Method	Alphanumeric		85069-3
610129	Disclaimer	Alphanumeric		62364-5
610130	Reviewed by	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

0032U

Reference Values:

An interpretive report will be provided.