
Reporting Title: Comprehensive Aortopathy Gene Panel**Performing Location:** Rochester**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.

Targeted testing for familial variants (also called site-specific or known mutations testing) is available for the genes on this panel. See FMTT / Familial Mutation, Targeted Testing, Varies. To obtain more information about this testing option, call 800-533-1710.

Shipping Instructions:

Specimen preferred to arrive within 96 hours of collection.

Necessary Information:

Prior Authorization is available, but not required, for this test. If proceeding with the prior authorization process, submit the required form with the specimen.

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 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 Stability Information: Ambient (preferred)/Refrigerated

Specimen Minimum Volume:

1 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. Connective Tissue/Cerebrovascular Disease Genetic Testing Patient Information
3. Comprehensive Aortopathy Gene Panel (CAORG) Prior Authorization Ordering Instructions
4. If not ordering electronically, complete, print, and send a Cardiovascular Test Request (T724) with the specimen.

| Specimen Type | Temperature | Time | Special Container |
|---------------|-------------|------|-------------------|
| Varies | Varies | | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------|--------------|------|---------|
| 617156 | Test Description | Alphanumeric | | 62364-5 |
| 617157 | Specimen | Alphanumeric | | 31208-2 |
| 617158 | Source | Alphanumeric | | 31208-2 |
| 617159 | Result Summary | Alphanumeric | | 50397-9 |
| 617160 | Result | Alphanumeric | | 82939-0 |
| 617161 | Interpretation | Alphanumeric | | 69047-9 |
| 617162 | Additional Results | Alphanumeric | | 82939-0 |
| 617163 | Resources | Alphanumeric | | 99622-3 |
| 617164 | Additional Information | Alphanumeric | | 48767-8 |
| 617165 | Method | Alphanumeric | | 85069-3 |
| 617166 | Genes Analyzed | Alphanumeric | | 48018-6 |
| 617167 | Disclaimer | Alphanumeric | | 62364-5 |
| 617168 | Released By | Alphanumeric | | 18771-6 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Supplemental**CPT Code Information:**

81410

Reference Values:

An interpretive report will be provided.