
Reporting Title: CPVT Gene Panel**Performing Location:** Rochester**Ordering Guidance:**

This test is intended for genetic screening for and diagnosis of catecholaminergic polymorphic ventricular tachycardia.

For comprehensive inherited cardiac arrhythmia genetic testing, order CARGG / Comprehensive Arrhythmia Gene Panel, Varies.

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 Variant, 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. Hereditary Cardiomyopathies and Arrhythmias Patient Information

3. Catecholaminergic Polymorphic Ventricular Tachycardia Gene Panel (CPVTG) 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®
617212	Test Description	Alphanumeric		62364-5
617213	Specimen	Alphanumeric		31208-2
617214	Source	Alphanumeric		31208-2
617215	Result Summary	Alphanumeric		50397-9
617216	Result	Alphanumeric		82939-0
617217	Interpretation	Alphanumeric		69047-9
617218	Additional Results	Alphanumeric		82939-0
617219	Resources	Alphanumeric		99622-3
617220	Additional Information	Alphanumeric		48767-8
617221	Method	Alphanumeric		85069-3
617222	Genes Analyzed	Alphanumeric		48018-6
617223	Disclaimer	Alphanumeric		62364-5
617224	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report: Supplemental

CPT Code Information:

81405

81408

81479

Reference Values:

An interpretive report will be provided.