

Test Definition: CVHBG

Comprehensive Cerebrovascular Gene Panel, Varies

Reporting Title: Cerebrovascular 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 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. Please 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)



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- 2. Connective Tissue/Cerebrovascular Disease Genetic Testing Patient Information
- 3. Cerebrovascular Gene Panel (CVHBG) Prior Authorization Ordering Instructions

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
617226	Test Description	Alphanumeric		62364-5
617227	Specimen	Alphanumeric		31208-2
617228	Source	Alphanumeric		31208-2
617229	Result Summary	Alphanumeric		50397-9
617230	Result	Alphanumeric		82939-0
617231	Interpretation	Alphanumeric		69047-9
617232	Additional Results	Alphanumeric		82939-0
617233	Resources	Alphanumeric		99622-3
617234	Additional Information	Alphanumeric		48767-8
617235	Method	Alphanumeric		85069-3
617236	Genes Analyzed	Alphanumeric		48018-6
617237	Disclaimer	Alphanumeric		62364-5
617238	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

Supplemental

CPT Code Information:

81405 x5

81406 x3

81408

81479

81479 (if appropriate for government payers)



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Reference Values:

An interpretive report will be provided.