
Reporting Title: HHT and Vascular 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)

2. Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel Patient Information
3. Hereditary Hemorrhagic Telangiectasia and Vascular Gene Panel (HHTGG) Prior Authorization Ordering Instructions
4. If not ordering electronically, complete, print, and send a Cardiovascular Test Request Form (T724) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
617296	Test Description	Alphanumeric		62364-5
617297	Specimen	Alphanumeric		31208-2
617298	Source	Alphanumeric		31208-2
617299	Result Summary	Alphanumeric		50397-9
617300	Result	Alphanumeric		82939-0
617301	Interpretation	Alphanumeric		69047-9
617302	Additional Results	Alphanumeric		82939-0
617303	Resources	Alphanumeric		99622-3
617304	Additional Information	Alphanumeric		48767-8
617305	Method	Alphanumeric		85069-3
617306	Genes Analyzed	Alphanumeric		48018-6
617307	Disclaimer	Alphanumeric		62364-5
617308	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

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

81406 x3
81479

Reference Values:

An interpretive report will be provided.