

Reporting Title: PRKAR1A Full Gene Analysis**Performing Location:** Rochester**Ordering Guidance:**

Testing for the PRKAR1A gene as part of a customized panel is available. For more information 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 variants identified in the PRKAR1A gene. 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. PRKAR1A-Related Disorders Patient Information (T820)



3. PRKAR1A Full Gene Analysis (PRKSG) 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®
617436	Test Description	Alphanumeric		62364-5
617437	Specimen	Alphanumeric		31208-2
617438	Source	Alphanumeric		31208-2
617439	Result Summary	Alphanumeric		50397-9
617440	Result	Alphanumeric		82939-0
617441	Interpretation	Alphanumeric		69047-9
617442	Additional Results	Alphanumeric		82939-0
617443	Resources	Alphanumeric		99622-3
617444	Additional Information	Alphanumeric		48767-8
617445	Method	Alphanumeric		85069-3
617446	Genes Analyzed	Alphanumeric		48018-6
617447	Disclaimer	Alphanumeric		62364-5
617448	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Supplemental

CPT Code Information:

81479



Reference Values:

An interpretive report will be provided.