
Reporting Title: Brugada Syndrome, SCN5A Full Gene**Performing Location:** Rochester**Ordering Guidance:**

This single gene test is intended for genetic screening for and diagnosis of Brugada syndrome.

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

Testing for SCN5A as part of a customized panel is 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 variants identified in the SCN5A 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. Hereditary Cardiomyopathies and Arrhythmias: Patient Information (T725)

3. If not ordering electronically, complete, print, and send a Cardiovascular Test Request Form (T724) with the specimen.

4. Brugada Syndrome Test (SCN5A) Prior Authorization Ordering Instructions

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

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------|--------------|------|---------|
| 617450 | Test Description | Alphanumeric | | 62364-5 |
| 617451 | Specimen | Alphanumeric | | 31208-2 |
| 617452 | Source | Alphanumeric | | 31208-2 |
| 617453 | Result Summary | Alphanumeric | | 50397-9 |
| 617454 | Result | Alphanumeric | | 82939-0 |
| 617455 | Interpretation | Alphanumeric | | 69047-9 |
| 617456 | Additional Results | Alphanumeric | | 82939-0 |
| 617457 | Resources | Alphanumeric | | 99622-3 |
| 617458 | Additional Information | Alphanumeric | | 48767-8 |
| 617459 | Method | Alphanumeric | | 85069-3 |
| 617460 | Genes Analyzed | Alphanumeric | | 48018-6 |
| 617461 | Disclaimer | Alphanumeric | | 62364-5 |
| 617462 | Released By | Alphanumeric | | 18771-6 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

Supplemental

CPT Code Information:

81407

Reference Values:

An interpretive report will be provided.