
Reporting Title: Short QT Syndrome Gene Panel**Performing Location:** Rochester**Ordering Guidance:**

This test is intended for genetic screening for and diagnosis of short QT syndrome.

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.

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. Short QT Syndrome Gene Panel (SQTSG) 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®
617464	Test Description	Alphanumeric		62364-5
617465	Specimen	Alphanumeric		31208-2
617466	Source	Alphanumeric		31208-2
617467	Result Summary	Alphanumeric		50397-9
617468	Result	Alphanumeric		82939-0
617469	Interpretation	Alphanumeric		69047-9
617470	Additional Results	Alphanumeric		82939-0
617471	Resources	Alphanumeric		99622-3
617472	Additional Information	Alphanumeric		48767-8
617473	Method	Alphanumeric		85069-3
617474	Genes Analyzed	Alphanumeric		48018-6
617475	Disclaimer	Alphanumeric		62364-5
617476	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

Supplemental

CPT Code Information:

81403

81406 x 2

81479

Reference Values:

An interpretive report will be provided.