

## **Test Definition: EDMDP**

Inherited Emery-Dreifuss Gene Panel, Varies

# **Reporting Title:** Emery-Dreifuss Gene Panel **Performing Location:** Rochester

### **Ordering Guidance:**

Targeted testing for familial variants (also called site-specific or known variants 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.

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.

### **Shipping Instructions:**

Specimen preferred to arrive within 96 hours of collection.

### 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: 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. Molecular Genetics: Neurology Patient Information

3. If not ordering electronically, complete, print, and send a Neurology Specialty Testing Client Test Request (T732) with the specimen.

### MAYO CLINIC LABORATORIES

# **Test Definition: EDMDP**

Inherited Emery-Dreifuss Gene Panel, Varies

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

### **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
617559	Test Description	Alphanumeric		62364-5
617560	Specimen	Alphanumeric		31208-2
617561	Source	Alphanumeric		31208-2
617562	Result Summary	Alphanumeric		50397-9
617563	Result	Alphanumeric		82939-0
617564	Interpretation	Alphanumeric		69047-9
618179	Additional Results	Alphanumeric		82939-0
617565	Resources	Alphanumeric		99622-3
617566	Additional Information	Alphanumeric		48767-8
617567	Method	Alphanumeric		85069-3
617568	Genes Analyzed	Alphanumeric		48018-6
617569	Disclaimer	Alphanumeric		62364-5
617570	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

### **Supplemental Report:**

Supplemental

### **CPT Code Information:**

81405 81404 81406 x 2 81479 81479 (if appropriate for government payers)



# **Test Definition: EDMDP**

Inherited Emery-Dreifuss Gene Panel, Varies

### **Reference Values:**

An interpretive report will be provided.