
Reporting Title: KLF1 Full Gene Sequencing, V**Performing Location:** Rochester**Necessary Information:**

The following information is required on patient information or test request form:

1. Clinical diagnosis
2. Pertinent clinical history (submit complete blood cell count and hemoglobin electrophoresis results and relevant clinical notes)
3. Date of collection
4. Specimen type, whole blood or extracted DNA

Specimen Requirements:

Submit only 1 of the following specimens:

Preferred:

Specimen Type: Whole blood

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD) or green top (heparin)

Specimen Volume: 4 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. Do not aliquot.
3. Label specimen as blood.

Specimen Stability Information: Ambient 14 days (preferred)/ Refrigerated 30 days

Acceptable:

Specimen Type: Extracted DNA from whole blood

Container/Tube: 1.5- to 2-mL tube with indication of volume and concentration of DNA

Specimen Volume: Entire specimen

Collection Instructions: Label specimen as extracted DNA from blood and provide indication of volume and concentration of the DNA

Specimen Stability Information: Frozen/Refrigerate/Ambient

Specimen Minimum Volume:

Blood: 1 mL

Extracted DNA: 50 mcL at 50 ng/mcL concentration

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. Metabolic Hematology Patient Information (T810)

3. If not ordering electronically, complete, print, and send an Benign Hematology Test Request (T755) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
618219	Interpretation	Alphanumeric		69047-9
618220	Signing Pathologist	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

81479

Reference Values:

An interpretive report will be provided