

# **Reporting Title:** Cystic Kidney Disease Gene Panel **Performing Location:** Rochester

#### Ordering Guidance:

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

#### Additional Testing Requirements:

All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen as this must be a different order number than the prenatal specimen.

#### **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. For instructions for testing patients who have received a bone marrow transplant, call 800-533-1710.

Submit only 1 of the following specimens:

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

Prenatal Specimens: Due to its complexity, consultation with the laboratory is required for all prenatal testing; call 800-533-1710 to speak to a genetic counselor.

Specimen Type: Amniotic fluid Container/Tube: Amniotic fluid container Specimen Volume: 20 mL Specimen Stability Information: Refrigerated (preferred)/Ambient Additional information:



1. If amniotic fluid or nonconfluent cultures are received, CULAF / Culture for Genetic Testing, Amniotic Fluid will be added at an additional charge.

2. All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

Specimen Type: Chorionic villi

Container/Tube: 15-mL tube containing 15 mL of transport media

Specimen Volume: 20 mg

Specimen Stability Information: Refrigerated

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Additional Information:

1. If nonconfluent cultures are received, CULFB / Fibroblast Culture for Biochemical or Molecular Testing will be added at an additional charge.

2. All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

Acceptable: Specimen Type: Confluent cultured cells Container/Tube: T-25 flask Specimen Volume: 2 Flasks Collection Instructions: Submit confluent cultured cells from another laboratory. Specimen Stability Information: Ambient (preferred)/Refrigerated Additional Information: All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

#### Specimen Minimum Volume:

Blood: 1 mL; Amniotic fluid/CVS: See Specimen Required

#### 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 Renal Genetic Testing Patient Information (T918)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		



# Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Туре	Reportable
CULFB	CG770	Reason for Referral	Plain Text	No
CULFB	CG899	Specimen	Plain Text	No
CULAF	CG767	Reason for Referral	Plain Text	No

# **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
618073	Test Description Alphanumeric			62364-5
618074	Specimen	Alphanumeric		31208-2
618075	Source	Alphanumeric		31208-2
618076	Result Summary	Alphanumeric		50397-9
618077	Result	Alphanumeric		82939-0
618078	Interpretation	Alphanumeric		69047-9
618079	Additional Results	Alphanumeric		82939-0
618080	Resources	Alphanumeric		99622-3
618081	Additional Information	Alphanumeric		48767-8
618082	Method	Alphanumeric		85069-3
618083	Genes Analyzed	Alphanumeric		48018-6
618084	Disclaimer	Alphanumeric		62364-5
618085	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

# **Supplemental Report:**

Supplemental

# **CPT Code Information:**

81404 81405 81406 x 6 81407 x 4 81408 x 3 81479 81265-Maternal cell contamination (if appropriate)



88233-Tissue culture, skin, solid tissue biopsy (if appropriate) 88235-Amniotic Fluid culture (if appropriate) 81479 (if appropriate for government payers)

### **Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
CULFB	Fibroblast Culture for Genetic Test			No	Yes
CULAF	Amniotic Fluid Culture/Genetic Test			No	Yes
MATCC	Maternal Cell Contamination, B			No	Yes
_STR1	Comp Analysis using STR (Bill only)			No	No (Bill only)
_STR2	Add'l comp analysis w/STR (Bill Only)			No	No (Bill only)

# **Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Туре	Unit	LOINC®
CULFB	52327	Result Summary	Alphanumeric		50397-9
CULFB	52329	Interpretation	Alphanumeric		69965-2
CULFB	52328	Result	Alphanumeric		82939-0
CULFB	CG770	Reason for Referral	Alphanumeric		42349-1
CULFB	CG899	Specimen	Alphanumeric		31208-2
CULFB	52331	Source	Alphanumeric		31208-2
CULFB	52332	Method	Alphanumeric		85069-3
CULFB	54625	Additional Information	Alphanumeric		48767-8
CULFB	52333	Released By	Alphanumeric		18771-6
CULAF	52304	Result Summary	Alphanumeric		50397-9
CULAF	52306	Interpretation	Alphanumeric		69965-2
CULAF	52305	Result	Alphanumeric		82939-0
CULAF	CG767	Reason for Referral	Alphanumeric		42349-1
CULAF	52307	Specimen	Alphanumeric		31208-2
CULAF	52308	Source	Alphanumeric		31208-2



# **Test Definition: CKDGP**

Cystic Kidney Disease Gene Panel, Varies

Test ID	Result ID	Reporting Name	Туре	Unit	LOINC®
CULAF	52309	Method	Alphanumeric		85069-3
CULAF	54641	Additional Information	Alphanumeric		48767-8
CULAF	52310	Released By	Alphanumeric		18771-6
MATCC	53285	Result Summary	Alphanumeric		50397-9
MATCC	53286	Result	Alphanumeric		40704-9
MATCC	53287	Interpretation	Alphanumeric		69047-9
MATCC	53288	Reason for referral	Alphanumeric		42349-1
MATCC	53289	Specimen	Alphanumeric		31208-2
MATCC	53290	Source	Alphanumeric		31208-2
MATCC	55150	Method	Alphanumeric		85069-3
MATCC	53291	Released By	Alphanumeric		18771-6

# **Reference Values:**

An interpretive report will be provided.