Reporting Title: PROS1 Gene, Full Gene NGS
Performing Location: Rochester

Ordering Guidance:

This test should only be considered if clinical and family history, initial coagulation screens, and/or initial antigen and activity tests suggest a diagnosis of protein S deficiency (see Testing Algorithm).

This test does not measure protein S activity or antigen levels.
-For assessment of free protein S activity, order S_FX / Protein S Activity, Plasma.
-For assessment of plasma free protein S antigen, order PSTF / Protein S Antigen, Plasma.

For patients in whom hereditary protein S deficiency is strongly suspected and the plasma free protein S antigen level is normal, consider testing free protein S activity for detecting type II protein S deficiency, which is very rare. Order S_FX / Protein S Activity, Plasma.

If genetic testing for hereditary blood clotting disorders using a larger panel is desired, a 16-gene comprehensive thrombosis panel is available; order GNTHR / Thrombosis Disorders, Comprehensive Gene Panel, Next-Generation Sequencing, Varies.

Testing for the PROS1 gene 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 variants testing) is available for the PROS1 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:

Rare Coagulation Disorder Patient Information is required. Testing may proceed without the patient information, however, the information aids in providing a more thorough interpretation. Ordering providers are strongly encouraged to fill out the form and send with the specimen.

Specimen Requirements:

Specimen Type: Whole blood
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.
Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: Yellow top (ACD)
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) 4 days/Refrigerated

Specimen Minimum Volume:

1 mL

Forms:

1. Rare Coagulation Disorder Patient Information (T824) is required.
2. 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)
3. If not ordering electronically, complete, print, and send an Coagulation Test Request (T753) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
619188	Test Description	Alphanumeric		62364-5
619189	Specimen	Alphanumeric		31208-2
619190	Source	Alphanumeric		31208-2
619191	Result Summary	Alphanumeric		50397-9
619192	Result	Alphanumeric		82939-0
619193	Interpretation	Alphanumeric		59465-5
619194	Additional Results	Alphanumeric		82939-0
619195	Resources	Alphanumeric		99622-3
619196	Additional Information	Alphanumeric		48767-8
619197	Method	Alphanumeric		85069-3
619198	Genes Analyzed	Alphanumeric		82939-0
619199	Disclaimer	Alphanumeric		62364-5
619200	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Supplemental

CPT Code Information:

81479

Reference Values:

An interpretive report will be provided.