
Reporting Title: Thrombosis Comprehensive Panel, NGS**Performing Location:** Rochester**Ordering Guidance:**

Special coagulation testing for evaluating patients with thrombosis or hypercoagulability states should be performed prior to genetic testing. For more information see AATHR / Thrombophilia Profile, Plasma and Whole Blood.

This test is designed to evaluate a variety of thrombophilia.

This test is not designed to evaluate for a single common hereditary thrombosis disorder, such as when an individual has a known family history of antithrombin deficiency, protein C deficiency, or protein S deficiency, specifically. If testing for a particular common hereditary thrombosis disorder is desired, single gene tests are available for the SERPINC1, PROC, and PROS1 genes. See GNANT / Antithrombin Deficiency, SERPINC1 Gene, Next-Generation Sequencing, Varies; GNPRC / Protein C Deficiency, PROC Gene, Next-Generation Sequencing, Varies; or GNPRS / Protein S Deficiency, PROS1 Gene, Next-Generation Sequencing, Varies.

This test is not designed to evaluate for hereditary bleeding disorders. If bleeding is the indication for testing and testing for hereditary bleeding disorders is desired, bleeding panels are available. See GNBLF / Bleeding Disorders, Focused Gene Panel, Next-Generation Sequencing, Varies or GNBLC / Bleeding Disorders, Comprehensive Gene Panel, Next-Generation Sequencing, 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. 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®
619272	Test Description	Alphanumeric		62364-5
619273	Specimen	Alphanumeric		31208-2
619274	Source	Alphanumeric		31208-2
619275	Result Summary	Alphanumeric		50397-9
619276	Result	Alphanumeric		82939-0
619277	Interpretation	Alphanumeric		59465-5
619278	Additional Results	Alphanumeric		82939-0
619279	Resources	Alphanumeric		99622-3
619280	Additional Information	Alphanumeric		48767-8
619281	Method	Alphanumeric		85069-3
619282	Genes Analyzed	Alphanumeric		82939-0
619283	Disclaimer	Alphanumeric		62364-5

Result ID	Reporting Name	Type	Unit	LOINC®
619284	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
Supplemental**CPT Code Information:**

81443

Reference Values:

An interpretive report will be provided.