
Reporting Title: Gamma Globin Full Gene Sequencing**Performing Location:** Rochester**Necessary Information:**

A complete patient history is strongly encouraged.

Specimen Requirements:

Submit only 1 of the following specimens:

Specimen Type: Whole blood

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD)

Specimen Volume: 4 mL

Collection Instructions:

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

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

Specimen Type: Extracted DNA from whole blood

Container/Tube: 1.5 to 2 mL tube

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 (preferred)/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. Thalassemia/Hemoglobinopathy Patient Information (T358)

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

Specimen Type	Temperature	Time	Special Container
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Varies	Varies	
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Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
46952	Gamma Globin Gene Sequencing Result	Alphanumeric		50397-9
46953	Gamma Globin Interpretation	Alphanumeric		59466-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

81479-Unlisted molecular

Reference Values:

An interpretive report will be provided.