MAYO CLINIC
Mayo Medical Laboratories

Test Definition: KRASA

KRAS Mutation Analysis, 7 Mutation Panel, Other (Non-Colorectal)

Reporting Title: KRAS Mutation Analysis, Other
Performing Location: Rochester

Specimen Requirements:

Pathology report must accompany specimen in order for testing to be performed.

Forms:
1. Molecular Genetics-Inherited Cancer Syndromes Patient Information Sheet (Supply T519) in Special Instructions
2. New York Clients-Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing (Supply T576) is available in Special Instructions.

Preferred:
Specimen Type: Tissue
Container/Tube: Tissue block
Collection Instructions: Submit a formalin-fixed, paraffin-embedded tissue block.

Acceptable:
Specimen Type: Tissue
Container/Tube: Slides
Specimen Volume: 1 stained and 5 unstained
Collection Instructions: Submit 1 slide stained with hematoxylin and eosin and 5 unstained, nonbaked slides with 5 micron-thick sections of the tumor tissue.

Specimen Type	Temperature	Time
Varies	Ambient (preferred)	
	Frozen	
	Refrigerated	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
51440	Reason For Referral	Alphanumeric		42349-1
51441	Result	Alphanumeric		21702-6
51442	Interpretation	Alphanumeric		In Process
51443	Method	Alphanumeric		49549-9
51444	Amendment	Alphanumeric		N/A
51445	Specimen	Alphanumeric		31208-2
51446	Source	Alphanumeric		N/A

Result ID	Reporting Name	Type	Unit	LOINC®
51447	Reviewed By	Alphanumeric		N/A
51448	Release Date	Alphanumeric		N/A

CPT Code: 1 × 81275

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
SLRVW	Slide Review	1	88381	Yes	No