Test Definition: LYZKM

Lysozyme (LYZ) Gene, Known Mutation

Reporting Title: LYZ Gene, Known Mutation
Performing Location: Rochester

Specimen Requirements:

This test can only be performed if a mutation has previously been identified in a family member of this individual.

Specimen must arrive within 96 hours of draw.

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 specimen in original tube.
Forms:
1. Molecular Genetics-Congenital Inherited Diseases Patient Information Sheet (Supply T521) 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.

Specimen Type	Temperature	Time
Varies	Ambient (preferred)	
	Frozen	
	Refrigerated	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
33437	Specimen	Alphanumeric		N/A
33438	Specimen ID	Alphanumeric		N/A
33439	Source	Alphanumeric		N/A
33440	Order Date	Alphanumeric		N/A
33441	Reason For Referral	Alphanumeric		N/A
33442	Method	Alphanumeric		N/A
33443	Result	Alphanumeric		N/A
33444	Interpretation	Alphanumeric		N/A

Result ID	Reporting Name	Type	Unit	LOINC®
33445	Amendment	Alphanumeric		N/A
33446	Reviewed By	Alphanumeric		N/A
33447	Release Date	Alphanumeric		N/A

CPT Code: 1 × 81479

Reference Values:

An interpretive report will be provided.