MAYO CLINIC
Mayo Medical Laboratories

# Test Definition: HEMP

Hereditary Erythrocytosis Mutations

**Reporting Title:** Hereditary Erythrocytosis Mut, B
**Performing Location:** Rochester

## Specimen Requirements:

Container/Tube: Lavender top (EDTA)
Specimen Volume: 3 mL
Collection Instructions: Send specimen in original tube.
Forms:
1. Erythrocytosis Patient Information Sheet (Supply T694) 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 |
|---|---|---|
| Whole blood | Refrigerated | 30 days |

## Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|
| 34648 | Molecular Interpretation<br>**Also used by tests: MINT** | Alphanumeric | | 69047-9 |
| 35000 | Reviewed By<br>**Also used by tests: MINT** | Numeric | | N/A |
| 34645 | EPOR Gene Sequencing Result<br>**Also used by tests: EPOR** | Alphanumeric | | In Process |
| 34647 | HIF2A Gene Sequencing Result<br>**Also used by tests: HIF2A** | Alphanumeric | | In Process |
| 34646 | PHD2 Gene Sequencing Result<br>**Also used by tests: PHD2** | Alphanumeric | | In Process |

## Components:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---|---|---|---|---|---|
| MINT | Molecular Interpretation | 1 | 81479 | Yes | No |

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---|---|---|---|---|---|
| EPOR | EPOR Gene, Mutation Analysis, B | 1 | 81479 | Yes | No |
| HIF2A | HIF2A Gene, Mutation Analysis, B | 1 | 81479 | Yes | No |
| PHD2 | PHD2 Gene, Mutation Analysis, B | 1 | 81479 | Yes | No |

## Reflex Tests:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---|---|---|---|---|---|
| VHLSP | VHL Full Gene Analysis | 1 | 81404 | No | Yes |
| VHDD | VHL Deletion Detection | 1 | 81403 | No | Yes (order VHLD) |

## Result Codes for Reflex Tests:

| Test ID | Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|---|
| VHLSP | 28626 | Reason For Referral | Alphanumeric | | 42349-1 |
| VHLSP | 28627 | Method | Alphanumeric | | 49549-9 |
| VHLSP | 28628 | Result | Alphanumeric | | N/A |
| VHLSP | 28629 | Interpretation | Alphanumeric | | 69047-9 |
| VHLSP | 28630 | Comment | Alphanumeric | | N/A |
| VHLSP | 28631 | Reviewed By | Numeric | | N/A |
| VHLSP | VHLSQ | Sequencing | Alphanumeric | | 34502-5 |
| VHDD | VHDD | VHL Deletion Detection | Numeric | | 34502-5 |

## Reference Values:

An interpretive report will be provided.