

Reporting Title: MSH2 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.

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-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.
3. If not ordering electronically, submit a Molecular Genetics Request Form (Supply T245) with the specimen.

Specimen Type	Temperature	Time
Varies	Ambient (preferred)	
	Frozen	
	Refrigerated	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
17338	Reason For Referral	Alphanumeric		42349-1
17340	Result	Alphanumeric		In Process
17341	Interpretation	Alphanumeric		69047-9
17339	Method	Alphanumeric		49549-9
17342	Amendment	Alphanumeric		In Process
17334	Specimen	Alphanumeric		N/A
17336	Source	Alphanumeric		31208-2
17343	Reviewed By:	Alphanumeric		N/A

Result ID	Reporting Name	Type	Unit	LOINC®
17344	Release Date	Alphanumeric		N/A

CPT Code: 1 x 81296

Reference Values:

An interpretive report will be provided.