Test Definition: WDMS

Wilson Disease Mutation Screen, ATP7B DNA Sequencing

Reporting Title: Wilson Disease Mutation Screen
Performing Location: Rochester

Specimen Requirements:

Specimen must arrive within 96 hours of collection.

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.
Specimen Stability Information: Ambient (preferred)/Refrigerated
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.
3. If not ordering electronically, submit a Molecular Genetics Request Form (Supply T245) with the specimen.

Specimen Type	Temperature	Time
Varies	Varies	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
22685	Specimen	Alphanumeric		N/A
22686	Specimen ID	Alphanumeric		N/A
22687	Source	Alphanumeric		31208-2
22688	Order Date	Alphanumeric		N/A
22689	Reason For Referral	Alphanumeric		42349-1
22690	Method	Alphanumeric		49549-9
22691	Result	Alphanumeric		21626-7
22692	Interpretation	Alphanumeric		69047-9
22693	Amendment	Alphanumeric		21626-7
22694	Reviewed By:	Alphanumeric		N/A

Result ID	Reporting Name	Type	Unit	LOINC®
22695	Release Date	Alphanumeric		N/A

CPT Code: 1 × 81406

Reference Values:

An interpretive report will be provided.