Test Definition: MAPTM

MAPT Gene, Sequence Analysis, 7 Exon Screening Panel

Reporting Title: MAPT Screening Sequence Analysis
Performing Location: Rochester

Specimen Requirements:

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.
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®
23465	Specimen	Alphanumeric		N/A
23466	Specimen ID	Alphanumeric		N/A
23467	Source	Alphanumeric		31208-2
23468	Order Date	Alphanumeric		N/A
23469	Reason For Referral	Alphanumeric		42349-1
23470	Method	Alphanumeric		49549-9
23471	Result	Alphanumeric		40478-0
23472	Interpretation	Alphanumeric		69047-9
23473	Amendment	Alphanumeric		40478-0

Result ID	Reporting Name	Type	Unit	LOINC®
23474	Reviewed By:	Alphanumeric		N/A
23475	Release Date	Alphanumeric		N/A

CPT Code: 1 × 81406

Reference Values:

An interpretive report will be provided.