Reporting Title: CPT2 Gene, Known Mutation
Performing Location: Rochester

Specimen Requirements:
This test can only be performed if a mutation has previously been identified in an affected family member.

Forms:
1. Molecular Genetics-Biochemical Disorders Patient Information Sheet (Supply T527) 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 must arrive within 96 hours of collection.

Submit only 1 of the following specimens:

Preferred:
Specimen Type: 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

Specimen Type: Cultured fibroblasts
Container/Tube: T-75 or T-25 flask
Specimen Volume: 1 full T-75 flask or 2 full T-25 flasks
Specimen Stability Information: Ambient (preferred)/Refrigerated <24 hours

Specimen Type: Skin biopsy
Container/Tube: Sterile container with any standard cell culture media (eg, minimal essential media, RPMI 1640). The solution should be supplemented with 1% penicillin and streptomycin. Tubes can be supplied upon request (Eagle's minimum essential medium with 1% penicillin and streptomycin, Supply T115).
Specimen Volume: 4-mm punch
Specimen Stability Information: Refrigerated (preferred)/Ambient

Acceptable:
Specimen Type: Blood spot
Container/Tube: Whatman Protein Saver 903 Paper
Specimen Volume: 5 blood spots
Collection Instructions:
1. Let blood dry on the filter paper at ambient temperature in a horizontal position for 3 hours.
2. Do not expose specimen to heat or direct sunlight.
3. Do not stack wet specimens.
4. Keep specimen dry.
Specimen Stability Information: Ambient (preferred)/Refrigerated

All prenatal specimens must be accompanied by a maternal blood specimen. Due to the complexity of prenatal testing, consultation with the laboratory is required for all prenatal testing.

Preferred:
Specimen Type: Amniotic fluid
Container/Tube: Amniotic fluid container
Specimen Volume: 20 mL
Specimen Stability Information: Refrigerated (preferred)/Ambient

Specimen Type: Chorionic villi
Container/Tube: 15-mL tube containing 15 mL of transport media
Specimen Volume: 20 mg
Specimen Stability Information: Refrigerated

Acceptable:
Specimen Type: Confluent cultured cells
Container/Tube: T-25 flask
Specimen Volume: 2 flasks
Collection Instructions: Submit confluent cultured cells from another laboratory.
Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Type	Temperature	Time
Varies	Varies	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
FBC	CG030	Source: • Autopsy • Chorionic Villi • Products of Conception or Stillbirth	Answer List	No
FBC	CG033	Reason for Referral	Plain Text	No
AFC	CG132	Reason For Referral	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
33602	Specimen	Alphanumeric		
33603	Specimen ID	Alphanumeric		

Result ID	Reporting Name	Type	Unit	LOINC®
33604	Source	Alphanumeric		
33605	Order Date	Alphanumeric		
33606	Reason For Referral	Alphanumeric		
33607	Method	Alphanumeric		
33608	Result	Alphanumeric		
33609	Interpretation	Alphanumeric		
33610	Amendment	Alphanumeric		
33611	Reviewed By	Alphanumeric		
33612	Release Date	Alphanumeric		

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	MOLECULE ISOLATE NUCLEIC	1	83891		
Billing only	MOLECULE NUCLEIC AMPLI EACH	2	83898		
Billing only	NUCLEIC ACID HIGH RESOLUTE	4	83909		
Billing only	GENETIC EXAMINATION	1	83912		

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
FBC	Fibroblast Culture for Genetic Test		Profile	No	Yes
AFC	Amniotic Fluid Culture/Genetic Test		Profile	No	Yes
MCC	Maternal Cell Contamination, B		Profile	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
FBC	16167	Specimen	Alphanumeric		31208-2
FBC	16337	Specimen ID	Alphanumeric		
FBC	CG030	Source	Alphanumeric		
FBC	16168	Order Date	Alphanumeric		
FBC	CG033	Reason For Referral	Alphanumeric		42349-1
FBC	16172	Method	Alphanumeric		49549-9
FBC	16175	Interpretation	Alphanumeric		
FBC	16176	Amendment	Alphanumeric		
FBC	16177	Consultant	Alphanumeric		
FBC	16178	Report Date	Alphanumeric		
AFC	16179	Specimen	Alphanumeric		31208-2
AFC	16338	Specimen ID	Alphanumeric		
AFC	16793	Source	Alphanumeric		
AFC	16180	Order Date	Alphanumeric		
AFC	CG132	Reason For Referral	Alphanumeric		42349-1
AFC	16184	Method	Alphanumeric		49549-9
AFC	16187	Interpretation	Alphanumeric		
AFC	16188	Amendment	Alphanumeric		
AFC	16189	Consultant	Alphanumeric		
AFC	16190	Report Date	Alphanumeric		
MCC	23332	Specimen	Alphanumeric		31208-2
MCC	23333	Specimen ID	Alphanumeric		
MCC	23334	Source	Alphanumeric		
MCC	23335	Order Date	Alphanumeric		
MCC	23338	Result	Alphanumeric		40704-9
MCC	23337	Amendment	Alphanumeric		
MCC	23341	Reviewed By:	Alphanumeric		
MCC	23339	Release Date	Alphanumeric		

Reference Values:

An interpretive report will be provided.