



Apolipoprotein A-II (*APOA2*) Gene, Known Mutation

Test ID: APO2K

USEFUL FOR: Testing individuals at risk for apolipoprotein A-II-associated amyloidosis when a mutation has been identified in an affected family member.

METHODOLOGY: Polymerase Chain Reaction (PCR) Followed by DNA Sequence Analysis

REFERENCE VALUES: An interpretive report will be provided.

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.

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.

NOTE:

- **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.
- Molecular Genetics-Congenital Inherited Diseases Patient Information Sheet (Supply T521) in Special Instructions

SPECIMEN STABILITY INFORMATION:

Specimen Type	Temperature	Time
Varies	Ambient (preferred)	
	Frozen	
	Refrigerated	

CAUTIONS:

- The identification of a disease-causing mutation in an affected family member is necessary before predictive testing for other family members can be offered. If a familial mutation has not been previously identified, order APO2S/60725 Apolipoprotein A-II (*APOA2*) Gene, Full Gene Analysis.
- Analysis is performed for the familial mutation(s) provided only. This assay does not rule out the presence of other mutations within this gene or within other genes that may be associated with familial amyloidosis.

- We strongly recommend that patients undergoing predictive testing receive genetic counseling both prior to testing and after results are available.
- Predictive testing of an asymptomatic child is not recommended.
- Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Any error in the diagnosis or in the pedigree provided to us, including false paternity, could lead to erroneous interpretation of results.
- A previous bone marrow transplant from an allogenic donor will interfere with testing. Call Mayo Medical Laboratories for instructions for testing patients who have received a bone marrow transplant.

FEE: Please contact your Regional Manager for your account's fee information.

CPT CODE:

83890-Isolation or extraction of highly purified nucleic acid

83898 x 1-Amplification, target, each nucleic acid sequence

83909 x 2-Separation and identification by high-resolution technique

83912-Interpretation and report

DAY(S) SET UP: Wednesday 10 am

ANALYTIC TIME: 10 days

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Marvin H. Anderson, Jr., MML Laboratory Technologist Resource Coordinator
Telephone: 800-533-1710