

# **NEW TEST ANNOUNCEMENT**

**NOTIFICATION DATE:** August 30, 2012 **EFFECTIVE DATE:** August 30, 2012

# Gelsolin (GSN) Gene, Known Mutation Test ID: GSNKM

# **USEFUL FOR:**

- Carrier testing of individuals with a family history of amyloidosis V
- Diagnostic confirmation of amyloidosis V when familial mutations have been previously identified

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.

**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.

#### NOTE:

- Molecular Genetics-Congenital Inherited Diseases Patient Information Sheet (Supply T521)
- 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 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 GSNMS/60717 Gelsolin (*GSN*) 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 amyloidosis V.
- 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:** Friday, 10 am

ANALYTIC TIME: 10 days