

**Reporting Title:** LYZ Gene, Full Gene Analysis

**Performing Location:** Rochester

**Specimen Requirements:**

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.

**Forms:**

1. Molecular Genetics-Congenital Inherited Diseases Patient Information Sheet (Supply T521)
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 Type	Temperature	Time
Varies	Ambient (preferred)	
	Frozen	
	Refrigerated	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
33426	Specimen	Alphanumeric		
33427	Specimen ID	Alphanumeric		
33428	Source	Alphanumeric		
33429	Order Date	Alphanumeric		
33430	Reason For Referral	Alphanumeric		
33431	Method	Alphanumeric		
33432	Result	Alphanumeric		
33433	Interpretation	Alphanumeric		
33434	Amendment	Alphanumeric		
33435	Reviewed By	Alphanumeric		

Result ID	Reporting Name	Type	Unit	LOINC®
33436	Release Date	Alphanumeric		

**Components:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	MOLECULE ISOLATE	1	83890		
Billing only	MOLECULE NUCLEIC AMPLI EACH	4	83898		
Billing only	NUCLEIC ACID HIGH RESOLUTE	8	83909		
Billing only	GENETIC EXAMINATION	1	83912		

**Reference Values:**

An interpretive report will be provided.