MAYO
Mayo Medical Laboratories
1-800-533-1710

**NEW TEST ANNOUNCEMENT**
**NOTIFICATION DATE:** August 31, 2012
**EFFECTIVE DATE:** Immediately

# Apolipoprotein A-I (*APOA1*) Gene, Known Mutation
Test ID: APO1K

**USEFUL FOR**: Testing of individuals at risk for apolipoprotein A-I (*APOA1*) gene-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 APO1S/60723 Apolipoprotein A-I (*APOA1*) 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 at 800-533-1710 or 507-266-5700 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 5-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