MAYO
Mayo Medical Laboratories
1-800-533-1710

NEW TEST ANNOUNCEMENT
NOTIFICATION DATE: June 28, 2013
EFFECTIVE DATE: July 3, 2013

AXIN2 Gene, Full Gene Analysis
Test ID: AXINS

USEFUL FOR: Confirmation of oligodontia-colorectal cancer syndrome in patients with clinical features

METHODOLOGY: Polymerase Chain Reaction (PCR) Amplification/DNA Sequencing, Array comparative genomic hybridization (aCGH) is used to test for the presence of large deletions and duplications

REFERENCE VALUES: An interpretive report will be provided.

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.

NOTE:
- Molecular Genetics-Colon Cancer Patient Information Sheet (Supply T521) in Special Instructions
- 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:
- This test should be ordered only for individuals with symptoms suggestive of oligodontia-colorectal cancer syndrome. Asymptomatic patients with a family history of oligodontia-colorectal cancer syndrome should not be tested until a mutation has been identified in an affected family member.
- Some individuals who are carriers or have a diagnosis of oligodontia-colorectal cancer syndrome may have a mutation that is not identified by this method (eg, promoter mutations). The absence of a mutation, therefore, does not eliminate the possibility of positive carrier status or the diagnosis of oligodontia-colorectal cancer syndrome. For carrier testing, it is important to first document the presence of an AXIN2 gene mutation in an affected family member.

- We strongly recommend that patients undergoing predictive testing receive genetic counseling both prior to testing and after results are available.

- In some cases, DNA alterations of undetermined significance may be identified.
- Rare polymorphisms exist that could lead to false-negative or false-positive results. If results obtained do not match the clinical findings, additional testing should be considered.
- 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.
- Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Errors in our interpretation of results may occur if information given is inaccurate or incomplete.

CPT CODE:
81479-Unlisted molecular pathology code

Hereditary Colon Cancer CGH Array
81228-Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)

DAY(S) SET UP: Thursday 10 a.m. **ANALYTIC TIME**: 14 days

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