MAYO
Mayo Medical Laboratories
1-800-533-1710

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

AXIN2 Gene, Known Mutation
Test ID: AXINK

USEFUL FOR: Predictive testing for oligodontia-colorectal cancer syndrome when a point mutation or small insertion/deletion/duplication has been identified in an affected family member

METHODOLOGY: Polymerase Chain Reaction (PCR) Amplification/DNA Sequencing

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- 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:
- 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 AXINS/61483 AXIN2 Gene, Full Gene Analysis.
- Analysis is performed for the familial mutations 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 hereditary colorectal cancer.
- We strongly recommend that patients undergoing predictive testing receive genetic counseling both prior to testing and after results are available.

- 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.

CPT CODE: 81479-Unlisted molecular pathology code

DAY(S) SET UP: Thursday 10 a.m. **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