

# **NEW TEST ANNOUNCEMENT**

**NOTIFICATION DATE:** November 26, 2013 **EFFECTIVE DATE:** December 3, 2013

# SOS1 GENE, KNOWN MUTATION, BLOOD Test ID: SOSK

**USEFUL FOR:** Documentation of the specific familial mutation must be provided with the specimen in order to perform this test.

**GENETICS INFORMATION**: Documentation of the specific familial mutation must be provided with the specimen in order to perform this test.

#### **PROFILE INFORMATION:**

Test ID	Reporting Name	Available Separately	Always Performed
SOS1K	SOS1 Gene, Known Mutation	No	Yes

METHODOLOGY: Polymerase Chain Reaction (PCR) Followed by DNA Sequence Analysis

**REFERENCE VALUES:** An interpretive report will be provided.

## **SPECIMEN REQUIREMENTS:**

Multiple gene sequencing tests can be performed on a single specimen after a single extraction. See Multiple Cardiovascular-Related Gene Sequencing Tests in Special Instructions for a list of tests that can be ordered together.

Container/Tube: Lavender top (EDTA)

Specimen Volume: 3 mL

**Collection Instructions**: Send specimen in original tube.

# **Additional Information**:

- 1. Include physician's name and phone number with the specimen.
- 2. Transfusions will interfere with testing for up to 4 to 6 weeks. DNA obtained from white cells may not provide useful information for patients who received a recent transfusion of blood that was not leukocyte reduced. Wait 4 to 6 weeks until transfused cells have left the patient's circulation before drawing the patient's blood specimen for genotype testing.

#### Forms:

- **1. Required for all orders:** Noonan Spectrum Gene Testing Patient Information Sheet (Supply T689) in Special Instructions
- **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.

Minimum Volume: 0.5 mL

# SPECIMEN STABILITY INFORMATION:

Specimen Type	Temperature	Time
Whole Blood EDTA	Ambient (preferred)	
	Refrigerated	

### **CAUTIONS:**

This test is for individuals who are at risk for a *SOS1* mutation that has been previously identified in the family. If the familial mutation is not known, the familial proband should be screened for a *SOS1* mutation using the full gene sequence assay (SOS1 / SOS1, Full Gene Sequence, Blood).

### **CPT CODE**:

81403-Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon

**DAY(S) SET UP:** varies

**ANALYTIC TIME:** 7 days

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or Shirley Pokorski, MML Laboratory Technologist Resource Coordinator Telephone: 800-533-1710