MAYO CLINIC
Mayo Medical Laboratories

Test Definition: SOSK

SOS1 Gene, Known Mutation, Blood

Reporting Title: SOS1 Gene, Known Mutation, B
Performing Location: Rochester

Specimen Requirements:

Container/Tube: Lavender top (EDTA)
Specimen Volume: 3 mL
Collection Instructions: Send specimen in original tube.
Additional Information:
1. Include ordering 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. 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.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
34607	SOS1 Known Mutation Result	Alphanumeric		In Process
34608	SOS1 Known Mut Interpretation	Alphanumeric		In Process
34609	Reviewed By	Numeric		In Process

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
SOS1K	SOS1 Gene, Known Mutation	1	81403	Yes	No

Reference Values:

An interpretive report will be provided.