

Reporting Title: Familial Amyloidosis Reflex

Performing Location: Rochester

Specimen Requirements:

Specimen must arrive within 96 hours of draw.

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: ACD

Specimen Volume: 3 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send specimen in original tube.

Forms: 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	Refrigerated (preferred)	4 days
	Ambient	4 days

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
22668	Wild Type Mass	Numeric	Da	In Process
22669	Wild Type Width at Half Height	Numeric	Da	In Process
22670	Second Mass	Numeric	Da	In Process
22671	Mass Difference	Numeric	Da	In Process
22673	Abnormal result	Alphanumeric		In Process
50944	Interpretation	Alphanumeric		69047-9
50946	Reviewed By	Numeric		N/A

CPT Code: 1 × 83788

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
AMYL	Familial Amyloidosis, DNA Sequence		Profile	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
AMYL	22635	Specimen	Alphanumeric		31208-2
AMYL	22636	Specimen ID	Alphanumeric		N/A
AMYL	22637	Source	Alphanumeric		N/A
AMYL	22638	Order Date	Alphanumeric		N/A
AMYL	22639	Reason For Referral	Alphanumeric		42349-1
AMYL	22640	Method	Alphanumeric		In Process
AMYL	22641	Result	Alphanumeric		21674-7
AMYL	22642	Interpretation	Alphanumeric		69047-9
AMYL	22643	Amendment	Alphanumeric		In Process
AMYL	22644	Reviewed By:	Alphanumeric		N/A
AMYL	22645	Release Date	Alphanumeric		N/A

Reference Values:

An interpretive report will be provided.