
Reporting Title: Custom Gene Panel, Hereditary**Performing Location:** Rochester**Ordering Guidance:**

This test **requires** the creation of a unique Gene List ID that directs the laboratory to test the genes requested.

To create the **required Gene List ID** for your Custom Gene Panel, navigate to:

[-Custom Gene Ordering Tool](#)

[-Custom Gene Ordering Tutorial](#)

For answers to frequently asked questions, see [Custom gene ordering](#) on MayoClinicLabs.com.

Targeted testing for familial variants (also called site-specific or known mutation testing) is available under FMTT / Familial Variant, Targeted Testing, Varies. Call 800-533-1710 to obtain more information about this testing option.

Shipping Instructions:

Specimen preferred to arrive within 96 hours of collection.

Necessary Information:

[Molecular Genetics: Hereditary Custom Gene Panel Patient Information](#) is strongly recommended. Testing may proceed without the patient information; however, it aids in providing a more thorough interpretation. Ordering healthcare professionals are strongly encouraged to complete the form and send it with the specimen.

Specimen Requirements:

Specimen Type: Whole blood

Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

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 whole blood specimen in original tube. **Do not aliquot.**

Specimen Stability Information: Ambient 4 days/Refrigerated 4 days/Frozen 4 days

Forms:

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy of the consent is on file.

[-Informed Consent for Genetic Testing](#) (T576)

[-Informed Consent for Genetic Testing \(Spanish\)](#) (T826)

2. [Molecular Genetics: Hereditary Custom Gene Panel Patient Information](#)

3. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

[-Neurology Specialty Testing Client Test Request](#) (T732)

[-Renal Diagnostics Test Request](#) (T830)

[-Biochemical Genetics Test Request](#) (T798)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CGPH	MG135	Gene List ID	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
MG135	Gene List ID	Alphanumeric		48018-6
610422	Test Description	Alphanumeric		62364-5
606046	Specimen	Alphanumeric		31208-2
606047	Source	Alphanumeric		31208-2
606040	Result Summary	Alphanumeric		50397-9
606041	Result	Alphanumeric		82939-0
606042	Interpretation	Alphanumeric		69047-9
610423	Resources	Alphanumeric		99622-3
606043	Additional Information	Alphanumeric		48767-8
606044	Method	Alphanumeric		85069-3
610424	Genes Analyzed	Alphanumeric		48018-6
606045	Disclaimer	Alphanumeric		62364-5
606048	Released By	Alphanumeric		18771-6
620157	Additional Results	Alphanumeric		82939-0

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

Supplemental

CPT Code Information:

CPT codes are based on the gene content of the custom gene panel. Refer to the [Custom Gene Ordering Tool](#) for custom gene panel specific CPT code information.

- 81165 (if appropriate)
- 81166 (if appropriate)
- 81167 (if appropriate)
- 81162 (if appropriate)
- 81201 (if appropriate)
- 81216 (if appropriate)

81218 (if appropriate)
81223 (if appropriate)
81249 (if appropriate)
81252 (if appropriate)
81286 (if appropriate)
81292 (if appropriate)
81295 (if appropriate)
81298 (if appropriate)
81307 (if appropriate)
81317 (if appropriate)
81319 (if appropriate)
81321 (if appropriate)
81351 (if appropriate)
81403 (if appropriate)
81404 (if appropriate)
81405 (if appropriate)
81406 (if appropriate)
81407 (if appropriate)
81408 (if appropriate)
81430 (if appropriate)
81431 (if appropriate)
81440 (if appropriate)
81443 (if appropriate)
81448 (if appropriate)
81479 (if appropriate)
81189 (if appropriate)
81419 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
G145	Hereditary Custom Gene Panel Tier 1			No	No, (Bill Only)
G146	Hereditary Custom Gene Panel Tier 2			No	No, (Bill Only)
G147	Hereditary Custom Gene Panel Tier 3			No	No, (Bill Only)
G148	Hereditary Custom Gene Panel Tier 4			No	No, (Bill Only)
G149	Hereditary Custom Gene Panel Tier 5			No	No, (Bill Only)
G150	Hereditary Custom Gene Panel Tier 6			No	No, (Bill Only)

Reference Values:

An interpretive report will be provided.