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**Familial Aortopathy Panel** 

Alternate 2

Alternate 3

Instructions

Order Name: Fam Aortopathy

**Room Temperature** 

**Room Temperature** 

Test Number: 5194952 Revision Date: 06/19/2023

TEST NAME			METHODOLOGY	LOING CODE		
Familial Aortopathy Panel						
SPECIMEN REQUIR	EMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment		
Preferred	8.5 mL (3 mL)	Whole Blood	ACD Solution A or B (Yellow Top)	Room Temperature		
Alternate 1	8.5 mL (3 mL)	Whole Blood	EDTA (Lavender Top)	Room Temperature		

Oragene Dx saliva kit

PurFlock buccal swab kit

Specimen Type: Whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit

Specimen Volume: 8.5 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit

Mininum Volume: 3 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit

Saliva

**Buccal swab** 

Collection: Standard phlebotomy. Follow PurFlock buccal swab kit or Oragene Dx 500 saliva kit collection instructions.

Do not eat, drink, smoke, or chew gum 30 min prior to collection.

**Specimen Storage:** Maintain specimen at room temperature or refrigerate at 4C Do not freeze. **Special Instructions:** In cases in which there is a known variant documented in the family, the physician may prefer to order **Targeted Variant Analysis**, test code <a href="5194970">5194970</a>.

Test orders must include an attestation that the provider has the patient's informed consent for genetic testing.

GENERAL INFORMATION		
Expected TAT	14 - 21 days In some cases, additional time may be required for confirmatory or reflex tests.	
Clinical Use	This test includes the following genes: ACTA2, BGN, CBS, COL3A1, COL5A1, COL5A2, EFEMP2, FBN1, FBN2, FLNA, FOXE3, LOX, MAT2A, MED12 (c.3020A>G (p.Asn1007Ser) variant only), MFAP5, MYH11, MYLK, NOTCH1, PLOD1, PRKG1, SKI, SLC2A10, SMAD2, SMAD3, SMAD4, SMAD6, TGFB2, TGFB3, TGFBR1 and TGFBR2.	
Notes	Labcorp Test Code: 482189	
CPT Code(s)	81410	
Service Provided By	labcorp Oklahoma, Inc.	