

**Familial Aortopathy Panel** 

Instructions

Order Name: Fam Aortopathy

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

TEST NAME		METI	HODOLOGY	LOINC CODE		
Familial Aortopathy Panel						
SPECIMEN REQUIREMENTS						
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		
Alternate 2	1	Saliva	Oragene Dx saliva kit	Room Temperature		
Alternate 3	1	Buccal swab	PurFlock buccal swab kit	Room Temperature		

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

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.		