

**Familial Cardiomyopathy Panel** 

Order Name: Fam Cardiomyop

Test Number: 5194953 Revision Date: 06/19/2023

TEST NAME		METHO	DDOLOGY	LOINC CODE
Familial Cardiomyopathy Panel		Polyme	erase Chain Reaction	
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
Instructions	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			

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: ABCC9, ACTC1, ACTN2, ALMS1, ALPK3, ANKRD1, APOA1, BAG3, CALR3, CAV3, CRYAB, CSRP3, DES, DMD, DNAJC19, DOLK, DSC2, DSG2, DSP, DTNA, EMD, EYA4, FHL1, FKRP, FKTN, FLNC, GLA, JPH2, JUP, LAMA4, LAMP2, LDB3, LMNA, MYBPC3, MYH6, MYH7, MYL2, MYL3, MYLK2, MYOT, MYOZ2, MYPN, NEBL, NEXN, PDLIM3, PKP2, PLN, PRDM16, PRKAG2, RBM20, RYR2, SCN5A, SGCD, SLC25A4, TAFAZZIN, TCAP, TGFB3, TMEM43, TMPO, TNNC1, TNNI3, TNNT2, TPM1, TRIM63, TTN, TTR and VCL.	
Notes	Labcorp Test Code: 482207	
CPT Code(s)	81439	
Service Provided By	labcorp Oklahoma, Inc.	

Analysis, test code 5194970. Test orders must include an attestation that the provider has the patient's informed consent for genetic testing.