


**Noonan Syndrome Panel**

Order Name: **Noonan Syn WB**  
Test Number: **5194957**  
Revision Date: **03/21/2023**

TEST NAME	METHODOLOGY	LOINC CODE
Noonan Syndrome Panel	<u>Polymerase Chain Reaction</u>	

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	<p><b>Specimen Type:</b> Whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit</p> <p><b>Specimen Volume:</b> 8.5 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit</p> <p><b>Minimum Volume:</b> 3 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit</p> <p><b>Collection:</b> 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.</p> <p><b>Specimen Storage:</b> Maintain specimen at room temperature or refrigerate at 4C Do not freeze.</p> <p><b>Special Instructions:</b> In cases in which there is a known variant documented in the family, the physician may prefer to order <b>Targeted Variant Analysis</b>, test code <u>5194970</u>. Test orders must include an attestation that the provider has the patient's informed consent for genetic testing.</p>			

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: BRAF, CBL, HRAS, KRAS, LZTR1, MAP2K1, MAP2K2, MRAS, NF1, NRAS, PPP1CB, PTPN11, RAF1, RASA2, RIT1, RRAS, SHOC2, SOS1, SOS2 and SPRED1.
Notes	Labcorp Test Code: 482279
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.