

Noonan Syndrome Panel

Order Name: Noonan Syn WB

Test Number: 5194957 Revision Date: 03/21/2023

| TEST NAME | | | METHODOLOGY | LOINC CODE | |
|-----------------------|--|---------------------------|----------------------------------|-----------------------|--|
| Noonan Syndrome Panel | | Polymerase 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 Va | | | | |

| 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 | 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.