


Targeted Variant Analysis

Order Name: **Targeted Var WB**
Test Number: **5194970**
Revision Date: **03/21/2023**

TEST NAME	METHODOLOGY	LOINC CODE
Targeted Variant Analysis	<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>Specimen Type: Whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit</p> <p>Specimen Volume: 8.5 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit</p> <p>Minimum Volume: 3 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit</p> <p>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.</p> <p>Specimen Storage: Maintain specimen at room temperature or refrigerate at 4C Do not freeze.</p> <p>Special Instructions: The specific gene and variant(s) to be analyzed must be indicated on the test requisition form. Failure to indicate the gene and variant will result in testing delays. Please include a copy of the previously tested family member's laboratory report for documentation. Please call 800-255-7357 to speak with a laboratory genetic coordinator before submitting specimens for Targeted Variant Analysis. If previous testing was performed at an outside laboratory, submitting a positive control sample is highly recommended. Test orders must include an attestation that the provider has the patient's informed consent for genetic testing. See sample physician office consent form: 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 is used for testing for a known variant documented in the family and is available only for genes included in Inheritest® and GeneSeq® Cardio panels. This test includes all genes included in any Inheritest or GeneSeq®: Cardio panel except SMN1 and FMR1.
Notes	Labcorp Test Code: 482552
Service Provided By	 labcorp Oklahoma, Inc.