



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 Minimum 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 5194970 . 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: 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.