

TEST CHANGE

Platelet Antigen Genotyping Panel

3000193, HPA GENO

Specimen Requirements:

Patient Preparation:

Collect: Lavender (EDTA), ~~pink (K2EDTA), or Yellow (ACD Solution A or B).~~

Specimen Preparation: Whole blood: Transport 3 mL whole blood. (Min: 1 mL)

Transport Temperature: Whole blood specimen: Refrigerated.

Unacceptable Conditions: ~~Yellow (ACD solution A or B); frozen~~ Frozen specimens in glass collection tubes.

Remarks:

Stability: Whole blood specimen: Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

Methodology: Polymerase Chain Reaction (PCR)/Fluorescence Monitoring

Performed: Varies

Reported: 7-14 days

Note:

CPT Codes: 81105; 81106; 81107; 81108; 81109; 81110; 81112

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Refer to report.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

PA 1-6, 15 Polymorphism

HPA System	"a" Allele Common	"b" Allele Variant
HPA 1	T	C
HPA 2	C	T
HPA 3	T	G
HPA 4	G	A
HPA 5	G	A
HPA 6	G	A
HPA 15	C	A

Reference Interval:
