

HOTLINE: Effective November 14, 2022

| New Test | 3005721 | Hereditary Erythrocyte | osis Panel, Sequencing | ECYT NGS |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ê | Additional Tech | nical Information | 전 | Patient History for Hereditary Erythrocytosis Testing |
| Methodology: | Massively Paralle | el Sequencing | | |
| Performed: Reported: | Varies 3 weeks. If specimen is a skin punch biopsy, add 2 weeks for culturing. | | | |
| Specimen Requir | Collect: Cultured Whole blood: La Skin punch biops culture transport media is not avai New York State Specimen Prepar cultures must be Skin punch biops with tissue transp Whole blood: Tr New York State requirements and Storage/Transpon due to lability of Skin punch biops Whole Blood: Re <u>Remarks:</u> Culture biopsise can be c <u>Unacceptable Co</u> Stability (collecti Unacceptable, Skin punch biops Whole blood: Ar | medium (ARUP Supply #32788). lable, collect in plain RPMI, Hank Clients: Only whole blood, laven <u>ation:</u> Cultured skin fibroblasts: 2 maintained at the client's institution by DO NOT FREEZE. Do not place out medium. ansport 3 mL (Min: 2 mL) Clients: Specimens must be recein a direct submission instructions place transport to the state of the state of the state sy: Room temperature offigerated. ed skin fibroblast backup cultures ultured at ARUP at an additional of miditions: Grossly hemolyzed or fr | culation. Place skin punch biops Available online through eSupp ks solution, sterile saline, or Rin nder (EDTA) tube, refrigerated T-25 flasks at 80 percent conflu- on until testing is complete. ce in formalin. Transport a 4 mm vived at performing laboratory w ease contact ARUP Referral Tes oblasts: Critical room temperatu must be retained at the client's i charge. rozen specimens; formalin fixed red skin fibroblasts: Ambient: 48 ed: 48 hours; Frozen: Unaccepta week; Frozen: Unacceptable | uency, Fill flasks with culture media. Backup n skin biopsy in a sterile, screw-top container fil rithin 48 hours of collection. For specimen sting at (800) 242-2787, ext. 5145. rre. Must be received within 48 hours of shipme institution until testing is complete. Skin punch tissue, FFPE 8 hours; Refrigerated: Unacceptable; Frozen: able |

Reference Interval:

Interpretive Data:

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

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

Note: Genes tested: BPGM, EGLN1 (PHD2), EPAS1 (HIF2A), EPOR, HBB, HIF1A, JAK2, SH2B3, VHL*

*One or more exons are not covered by sequencing for the indicated gene; see Additional Technical Information.

If a skin punch biopsy is submitted, specimen will be reflexed for culturing. Additional charges apply.

CPT Code(s): 81364, 81404; 81479; for skin punch biopsy, add 88233

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.