

Reporting Title: Hemochromatosis HFE Gene Analysis, B

Performing Location Rochester

Shipping Instructions:

Specimen preferred to arrive within 96 hours of draw.

Specimen Requirements:

Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Specimen Type: Whole blood

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Any anticoagulant

Specimen Volume: 2.5 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send specimen in original tube.

Forms:

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available in Special Instructions:

-[Informed Consent for Genetic Testing](#) (T576)

-[Informed Consent for Genetic Testing-Spanish](#) (T826)

2. [Molecular Genetics: Congenital Inherited Diseases Patient Information](#) (T521) in Special Instructions

3. If not ordering electronically, complete, print, and send a [Benign Hematology Test Request Form](#) (T755) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)	0 hours	
	Frozen	0 hours	
	Refrigerated	0 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
52899	Result Summary	Alphanumeric		50397-9
52900	Result	Alphanumeric		21694-5
52901	Interpretation	Alphanumeric		69047-9
52902	Specimen	Alphanumeric		31208-2
52903	Source	Alphanumeric		31208-2
52904	Method	Alphanumeric		85069-3
52905	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:81256-*HFE* (*hemochromatosis*) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)**Reference Values:**

An interpretative report will be provided.