

Reporting Title: Epilepsy/Seizure Genetic Panels

Performing Location Rochester

Shipping Instructions:

Specimen preferred to arrive within 96 hours of collection.

Necessary Information:

The specific epilepsy/seizure panel requested must be provided in order to perform this test.

Specimen Requirements:

Specimen Type: Whole blood

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.

Container/Tube:

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

Acceptable: Any anticoagulant

Specimen Volume: 3 mL

Collection Instructions:

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

Additional Information: To ensure minimum volume and concentration of DNA is met, the preferred volume of blood must be submitted. Testing may be canceled if DNA requirements are inadequate.

Forms:

1. [Molecular Genetics: Neurology Patient Information](#) in Special Instructions
2. [Targeted Genes and Methodology Details for Epilepsy/Seizure Genetic Panels](#) in Special Instructions
3. If not ordering electronically, complete, print, and send a [Neurology Specialty Testing Client Test Request](#) (T732) with the specimen.

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
ESPAN	MG116	Specify Sub-Panel from Catalog	Answer List	Yes
ESPAN	MG118	Gene List ID or NA	Plain Text	Yes

Supplemental Report:

No

CPT Code Information:

81185 (if appropriate)

81189 (if appropriate)

81302 (if appropriate)

81403 (if appropriate)
 81404 (if appropriate)
 81405 (if appropriate)
 81406 (if appropriate)
 81407 (if appropriate)
 81408 (if appropriate)
 81443 (if appropriate)
 81479 (if appropriate)
 81419 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Available Separately	Always Performed
_G116	Epilepsy Expanded Panel		81419	No	No
_G117	Encephalopathy with Seizures Panel		81443	No	No
_G118	Early Epileptic Encephalopathy Panel		81443	No	No
_G119	Neuronal Migration Disorders Panel		81443	No	No
_G120	Progressive Myoclonic Epilepsy Panel		81443	No	No
_G121	Infantile Spasms Panel		81443	No	No
_G122	Focal Epilepsy Panel		81443	No	No
_G123	Febrile Seizure Panel		8140481405 x 28140781479	No	No
_G124	Epilepsy with Migraine Panel		8140581406 x 281407 x 281479	No	No
_G131	Tuberous Sclerosis Panel		8140681407	No	No
G145	Hereditary Custom Gene Panel Tier 1			No	No
G146	Hereditary Custom Gene Panel Tier 2			No	No
G147	Hereditary Custom Gene			No	No

	Panel Tier 3				
G148	Hereditary Custom Gene Panel Tier 4			No	No
G149	Hereditary Custom Gene Panel Tier 5			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC
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Reference Values:

An interpretive report will be provided.