

Reporting Title: HA F8 Intron 1 Inversion KM, B

Performing Location Rochester

Ordering Guidance:

If a familial mutation has not been identified in a severely affected hemophilia A patient the *F8* gene intron 1 and 22 inversion analysis (F8INV / Hemophilia A *F8* Gene, Intron 1 and 22 Inversion Mutation Analysis, Whole Blood) should be ordered.

For evaluation of a patient with bleeding symptoms and no known personal history of a bleeding disorder consider BDIAL / Bleeding Diathesis Profile or the specific factor assays.

Additional Testing Requirements:

Due to the complexity of testing nonperipheral blood, consultation with the laboratory is required for all cord blood samples. Order F822B / Hemophilia A *F8* Gene, Intron 22 Inversion Known Mutation, Whole Blood on the cord blood specimen (only 1 sample tube required) and order MATCC / Maternal Cell Contamination, Molecular Analysis, Blood on the maternal specimen.

Necessary Information:

[Hemophilia A Patient Information](#) is required, see Special Instructions. Testing may proceed without the patient information, however, the information aids in providing a more thorough interpretation. Ordering providers are strongly encouraged to fill out the form and send with the specimen.

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.

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD) or blue top (sodium citrate)

Specimen Volume: 3 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. If not ordering electronically, complete, print, and send a [Coagulation Test Request](#) (T753) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)	7 days	
	Frozen	7 days	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
35137	HA F8 Int1 KM Reason for Referral	Alphanumeric		42349-1
35001	HA F8 Intron 1 Inversion KM, B	Alphanumeric		81762-7
35002	F81B Interpretation	Alphanumeric		69047-9
35003	HA F8 Int1 KM Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

81403

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
MATCC	Maternal Cell Contamination, B	1	81265	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC
MATCC	53285	Result Summary	Alphanumeric		50397-9
MATCC	53286	Result	Alphanumeric		40704-9
MATCC	53287	Interpretation	Alphanumeric		69047-9
MATCC	53288	Reason for referral	Alphanumeric		42349-1
MATCC	53289	Specimen	Alphanumeric		31208-2
MATCC	53290	Source	Alphanumeric		31208-2
MATCC	53291	Released By	Alphanumeric		18771-6
MATCC	55150	Method	Alphanumeric		85069-3

Reference Values:

An interpretive report will be provided.