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**Reporting Title:** Hereditary Hemolytic Anemia Seq, V

**Performing Location** Rochester

**Ordering Guidance:**

Multiple hematology gene panels are available. For more information, see [NGHHA and Subpanel Comparison Gene List](#).

**Additional Testing Requirements:**

This test is best interpreted in the context of protein studies and peripheral blood findings. This can be provided by ordering the HAEV1 / Hemolytic Anemia Evaluation Profile test. Fill out the information sheet and indicate that a next-generation sequencing test was also ordered. Providing complete blood cell count data and clinical notes will also allow more precise interpretation of results.

**Shipping Instructions:**

**Peripheral blood specimens must arrive within 30 days of collection.**

**Necessary Information:**

- [Metabolic Hematology Next-Generation Sequencing \(NGS\) Patient Information](#) is required. 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.
- If form not provided, include the following information with the test request: clinical diagnosis, pertinent clinical history (ie, complete blood cell count results and relevant clinical notes) and differentials based on clinical or morphologic presentation.

**Specimen Requirements:**

**Submit only 1 of the following specimens:**

**Specimen Type:** Peripheral blood (preferred)

**Container/Tube:**

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

**Acceptable:** Green top (heparin)

**Specimen Volume:** 3 mL

**Collection Instructions:**

- Invert several times to mix blood.
- Send whole blood specimen in original tube. **Do not aliquot**
- Label specimen as blood.

**Specimen Stability:** Refrigerated < or =30 days

**Specimen Type:** Extracted DNA

**Container/Tube:** 1.5- to 2-mL tube

**Specimen Volume:** Entire specimen

**Collection Instructions:**

- Indicate volume and concentration of the DNA.
- Label specimen as extracted DNA and source of specimen.

**Specimen Stability:** Frozen/Refrigerated/Ambient < or =30 days

**Forms:**

**1. New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file.:

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

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

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

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

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
NGHHA	NGHHS	Specimen Type	Plain Text	Yes
NGHHA	NGHHD	Indication for Test	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
NGHHS	Specimen Type	Alphanumeric		31208-2
NGHHD	Indication for Test	Alphanumeric		42349-1
40552	Alterations Detected	Alphanumeric		82939-0
40553	Interpretation	Alphanumeric		59465-5
40554	Additional Notes	Alphanumeric		48767-8
40555	Method Summary	Alphanumeric		85069-3
40556	Disclaimer	Alphanumeric		62364-5
40558	Panel Gene List	Alphanumeric		36908-2
40559	Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

81443

**Reference Values:**

An interpretive report will be provided.