
Reporting Title: Apolipoprotein E Genotyping, B**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Specimen Requirements:**

Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. For information about testing patients who have received a bone marrow transplant, call 800-533-1710.

Submit only 1 of the following specimens:**Specimen Type:** Whole blood**Container/Tube:****Preferred:** Lavender top (EDTA) or yellow top (ACD)**Acceptable:** None**Specimen Volume:** 3 mL**Collection Instructions:**

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot.**

Specimen Stability Information: Ambient (preferred) 4 days/Refrigerated 4 days/Frozen 4 days**Additional Information:**

1. Specimens are preferred to be received within 4 days of collection. Extraction will be attempted for specimens received after 4 days, and DNA yield will be evaluated to determine if testing may proceed.
2. To ensure minimum volume and concentration of DNA is met, the requested volume must be submitted. Testing may be canceled if DNA requirements are inadequate.

Specimen Type: Extracted DNA**Container/Tube:****Preferred:** Screw Cap Micro Tube, 2mL with skirted conical base**Acceptable:** Matrix tube, 1mL**Collection Instructions:**

1. The preferred volume is at least 100 mL at a concentration of 75 ng/mL.
2. Include concentration and volume on tube.

Specimen Stability Information: Frozen (preferred) 1 year/Ambient/Refrigerated

Additional Information: DNA must be extracted in a CLIA-certified laboratory or equivalent and must be extracted from a specimen type listed as acceptable for this test (including applicable anticoagulants). Our laboratory has experience with Chemagic, Puregene, Autopure, MagnaPure, and EZ1 extraction platforms and cannot guarantee that all extraction methods are compatible with this test. If testing fails, one repeat will be attempted, and if unsuccessful, the test will be reported as failed and a charge will be applied. If applicable, specific gene regions that were unable to be interrogated due to DNA quality will be noted in the report.

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. [Molecular Genetics: Neurology Patient Information](#)

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	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
53198	Result Summary	Alphanumeric		50397-9
53199	Result	Alphanumeric		42315-2
53200	Interpretation	Alphanumeric		69047-9
53201	Reason for Referral	Alphanumeric		42349-1
53202	Specimen	Alphanumeric		31208-2
53203	Source	Alphanumeric		31208-2
53204	Released By	Alphanumeric		18771-6

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

81401-APOE (*apolipoprotein E*) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4)

Reference Values:

An interpretive report will be provided