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**Reporting Title:** Custom Gene Panel, Hereditary

**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus

**Ordering Guidance:**

This test **requires** the creation of a unique Gene List ID that directs the laboratory to test the genes requested.

To create the **required Gene List ID** for your Custom Gene Panel, navigate to:

[-Custom Gene Ordering Tool](#)

[-Custom Gene Ordering Tutorial](#)

For answers to frequently asked questions, see [Custom gene ordering](#) on MayoClinicLabs.com.

Targeted testing for familial variants (also called site-specific or known mutation testing) is available under FMTT / Familial Variant, Targeted Testing, Varies. Call 800-533-1710 to obtain more information about this testing option.

**Shipping Instructions:**

Specimen preferred to arrive within 96 hours of collection.

**Necessary Information:**

[Molecular Genetics: Hereditary Custom Gene Panel Patient Information](#) is strongly recommended. Testing may proceed without the patient information; however, it aids in providing a more thorough interpretation. Ordering healthcare professionals are strongly encouraged to complete the form and send it with the specimen.

**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 whole blood specimen in original tube. **Do not aliquot.**

**Specimen Stability Information:** Ambient 4 days/Refrigerated 4 days/Frozen 4 days

**Forms:**

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

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

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

2. [Molecular Genetics: Hereditary Custom Gene Panel Patient Information](#)

3. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

[-Neurology Specialty Testing Client Test Request](#) (T732)

[-Renal Diagnostics Test Request](#) (T830)

[-Biochemical Genetics Test Request](#) (T798)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CGPH	MG135	Gene List ID	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
MG135	Gene List ID	Alphanumeric		48018-6
610422	Test Description	Alphanumeric		62364-5
606046	Specimen	Alphanumeric		31208-2
606047	Source	Alphanumeric		31208-2
606040	Result Summary	Alphanumeric		50397-9
606041	Result	Alphanumeric		82939-0
606042	Interpretation	Alphanumeric		69047-9
610423	Resources	Alphanumeric		99622-3
606043	Additional Information	Alphanumeric		48767-8
606044	Method	Alphanumeric		85069-3
610424	Genes Analyzed	Alphanumeric		48018-6
606045	Disclaimer	Alphanumeric		62364-5
606048	Released By	Alphanumeric		18771-6
620157	Additional Results	Alphanumeric		82939-0

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

Supplemental Report:

Supplemental

CPT Code Information:

CPT codes are based on the gene content of the custom gene panel. Refer to the [Custom Gene Ordering Tool](#) for custom gene panel specific CPT code information.

- 81165 (if appropriate)
- 81166 (if appropriate)
- 81167 (if appropriate)
- 81162 (if appropriate)
- 81201 (if appropriate)
- 81216 (if appropriate)

# Test Definition: CGPH

Custom Gene Panel, Hereditary,  
Next-Generation Sequencing, Varies

- 81218 (if appropriate)
- 81223 (if appropriate)
- 81249 (if appropriate)
- 81252 (if appropriate)
- 81286 (if appropriate)
- 81292 (if appropriate)
- 81295 (if appropriate)
- 81298 (if appropriate)
- 81307 (if appropriate)
- 81317 (if appropriate)
- 81319 (if appropriate)
- 81321 (if appropriate)
- 81351 (if appropriate)
- 81403 (if appropriate)
- 81404 (if appropriate)
- 81405 (if appropriate)
- 81406 (if appropriate)
- 81407 (if appropriate)
- 81408 (if appropriate)
- 81430 (if appropriate)
- 81431 (if appropriate)
- 81440 (if appropriate)
- 81443 (if appropriate)
- 81448 (if appropriate)
- 81479 (if appropriate)
- 81189 (if appropriate)
- 81419 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
G145	Hereditary Custom Gene Panel Tier 1			No	No, (Bill Only)
G146	Hereditary Custom Gene Panel Tier 2			No	No, (Bill Only)
G147	Hereditary Custom Gene Panel Tier 3			No	No, (Bill Only)
G148	Hereditary Custom Gene Panel Tier 4			No	No, (Bill Only)
G149	Hereditary Custom Gene Panel Tier 5			No	No, (Bill Only)
G150	Hereditary Custom Gene Panel Tier 6			No	No, (Bill Only)

Reference Values:

An interpretive report will be provided.