

**Reporting Title:** Spastic Paraplegia Gene Panel

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

**Ordering Guidance:**

Targeted testing for familial variants (also called site-specific or known mutations testing) is available for the genes on this panel. See FMTT / Familial Variant, Targeted Testing, Varies. To obtain more information about this testing option, call 800-533-1710.

Customization of this panel and single gene analysis for any gene present on this panel are available. For more information see CGPH / Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies.

**Specimen Requirements:**

**Patient Preparation:** A previous bone marrow transplant from an allogenic donor will interfere with testing. For instructions for 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:** Saliva

**Patient Preparation:** Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.

**Supplies:**

DNA Saliva Kit High Yield (T1007)

Saliva Swab Collection Kit (T786)

**Container/Tube:**

**Preferred:** High-yield DNA saliva kit

**Acceptable:** Saliva swab

**Specimen Volume:** 1 Tube if using T1007 or 2 swabs if using T786

**Collection Instructions:** Collect and send specimen per kit instructions.

**Specimen Stability Information:** Ambient (preferred) 30 days/Refrigerated 30 days

**Additional Information:** Saliva specimens are acceptable but not recommended. Due to lower quantity/quality of DNA yielded from saliva, some aspects of the test may not perform as well as DNA extracted from a whole blood sample. When applicable, specific gene regions that were unable to be interrogated will be noted in the report. Alternatively, additional specimen may be required to complete testing.

**Specimen Type:** Extracted DNA

**Container/Tube:**

**Preferred:** Screw Cap Micro Tube, 2 mL with skirted conical base

**Acceptable:** Matrix tube, 1 mL

**Collection Instructions:**

1. The preferred volume is at least 100 µL at a concentration of 75 ng/µL.
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. The following documents are available:
  - [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®
617611	Test Description	Alphanumeric		62364-5
617612	Specimen	Alphanumeric		31208-2
617613	Source	Alphanumeric		31208-2
617614	Result Summary	Alphanumeric		50397-9
617615	Result	Alphanumeric		82939-0
617616	Interpretation	Alphanumeric		69047-9
618183	Additional Results	Alphanumeric		82939-0
617617	Resources	Alphanumeric		99622-3
617618	Additional Information	Alphanumeric		48767-8
617619	Method	Alphanumeric		85069-3
617620	Genes Analyzed	Alphanumeric		48018-6
617621	Disclaimer	Alphanumeric		62364-5
617622	Released By	Alphanumeric		18771-6

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

**Supplemental Report:**

Supplemental

**CPT Code Information:**

81448

**Reference Values:**

An interpretive report will be provided.