

**Reporting Title:** RBC Membrane Sequencing, NGS

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

**Ordering Guidance:**

Multiple hematology gene panels are available. For more information see [Hereditary Hemolytic Anemia Gene Panel and Subpanel Comparison](#).

Targeted testing for familial variants (also called site-specific or known variants 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.

**Additional Testing Requirements:**

This test is best interpreted in the context of protein studies and peripheral blood findings. Prior to sending this test, Coombs testing should be negative and consider evaluating a peripheral blood smear. This can be provided by ordering RBCME / Red Blood Cell Membrane Evaluation, Blood. Fill out the information sheet and indicate that a next-generation sequencing test was also ordered. Additionally, providing complete blood cell count data and clinical notes will allow more precise interpretation of results.

**Shipping Instructions:**

**Necessary Information:**

1. [Metabolic Hematology Next-Generation Sequencing \(NGS\) Patient Information](#) is strongly recommended but not required. 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
2. 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 any previous bone marrow studies, clinical or morphologic presentation.

**Specimen Requirements:**

**Specimen Type:** Whole blood

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

**Container/Tube:**

**Preferred:** Lavender top (EDTA)

**Acceptable:** Yellow top (ACD)

**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

**Additional Information:** To ensure minimum volume and concentration of DNA are met, the requested volume must be submitted. Testing may be canceled if DNA requirements are inadequate.

**Forms:**

- 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 \(Spanish\) \(T826\)](#)
- [Metabolic Hematology Next-Generation Sequencing \(NGS\) Patient Information \(T816\)](#)
- 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		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
619062	Test Description	Alphanumeric		62364-5
619063	Specimen	Alphanumeric		31208-2
619064	Source	Alphanumeric		31208-2
619065	Result Summary	Alphanumeric		50397-9
619066	Result	Alphanumeric		82939-0
619067	Interpretation	Alphanumeric		59465-5
619068	Additional Results	Alphanumeric		82939-0
619069	Resources	Alphanumeric		99622-3
619070	Additional Information	Alphanumeric		48767-8
619071	Method	Alphanumeric		85069-3
619072	Genes Analyzed	Alphanumeric		82939-0
619073	Disclaimer	Alphanumeric		62364-5
619074	Released By	Alphanumeric		18771-6

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

**Supplemental Report:**

Supplemental

**CPT Code Information:**

- 81405
- 81479
- 81479 (if appropriate for government payers)

**Reference Values:**

An interpretive report will be provided.