Overview

Useful For
Confirmation of diagnosis of carnitine-acylcarnitine translocase (CACT) deficiency

Carrier screening in cases where there is a family history of CACT deficiency, but disease-causing mutations have not been identified in an affected individual

Reflex Tests

<table>
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<th>Test ID</th>
<th>Reporting Name</th>
<th>Available Separately</th>
<th>Always Performed</th>
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<tbody>
<tr>
<td>CULFB</td>
<td>Fibroblast Culture for Genetic Test</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Testing Algorithm

If skin biopsy is received, fibroblast culture for genetic test will be added and changed separately.

Special Instructions
- Molecular Genetics: Biochemical Disorders Patient Information
- Informed Consent for Genetic Testing
- Blood Spot Collection Card-Spanish Instructions
- Blood Spot Collection Card-Chinese Instructions
- Informed Consent for Genetic Testing (Spanish)
- Blood Spot Collection Instructions

Method Name
Polymerase Chain Reaction (PCR) Followed by DNA Sequence Analysis

NY State Available
Yes

Specimen

Specimen Type
Varies

Shipping Instructions
Specimen preferred to arrive within 96 hours of draw.

Specimen Required
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.

Submit only 1 of the following specimens:

Preferred:
Specimen Type: Whole blood

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 specimen in original tube.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Type: Cultured fibroblasts

Container/Tube: T-75 or T-25 flask

Specimen Volume: 1 full T-75 or 2 full T-25 flasks

Specimen Stability Information: Ambient (preferred)/Refrigerated <24 hours

Specimen Type: Skin biopsy

Container/Tube: Sterile container with any standard cell culture media (eg, minimal essential media, RPMI 1640). The solution should be supplemented with 1% penicillin and streptomycin. Tubes can be supplied upon request (Eagle's minimum essential medium with 1% penicillin and streptomycin [T115]).

Specimen Volume: 4-mm punch

Specimen Stability Information: Refrigerated (preferred)/Ambient

Specimen Type: Blood spot

Supplies: Card - Blood Spot Collection (Filter Paper) (T493)

Container/Tube:

Preferred: Collection card (Whatman Protein Saver 903 Paper)

Acceptable: Ahlstrom 226 filter paper, Blood Spot Collection Card

Specimen Volume: 2 to 5 Blood Spots on collection card (Whatman Protein Saver 903 Paper; Ahlstrom 226 filter paper; or Blood Spot Collection Card)

Collection Instructions:
1. An alternative blood collection option for a patient >1 year of age is finger stick.

2. Let blood dry on the filter paper at ambient temperature in a horizontal position for 3 hours.

3. Do not expose specimen to heat or direct sunlight.

4. Do not stack wet specimens.

5. Keep specimen dry.

**Specimen Stability Information:** Ambient

**Additional Information:**

1. For collection instructions, see [Blood Spot Collection Instructions](#) in Special Instructions.

2. For collection instructions in Spanish, see [Blood Spot Collection Card-Spanish Instructions](#) (T777) in Special Instructions.

3. For collection instructions in Chinese, see [Blood Spot Collection Card-Chinese Instructions](#) (T800) in Special Instructions.

**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 in Special Instructions:

   - [Informed Consent for Genetic Testing](#) (T576)
   - [Informed Consent for Genetic Testing-Spanish](#) (T826)

2. [Molecular Genetics: Biochemical Disorders Patient Information](#) (T527) in Special Instructions

3. If not ordering electronically, complete, print, and send an [Inborn Errors of Metabolism Test Request](#) (T798) with the specimen.

**Specimen Minimum Volume**

- Blood: 1 mL
- Blood Spots: 5 punches, 3-mm diameter

**Reject Due To**

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

**Specimen Stability Information**

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<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
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**Clinical and Interpretive**
Clinical Information
Carnitine-acylcarnitine translocase (CACT) deficiency is a rare autosomal recessive disorder of fatty acid oxidation. The disease typically presents in the neonatal period with severe hypoketotic hypoglycemia, hyperammonemia, cardiac abnormalities, hepatic dysfunction, skeletal muscle weakness, encephalopathy, and early death. However, presentations at a later age with a milder phenotype have also been reported.

Initial screening can be done with plasma acylcarnitines. Definitive diagnosis can be made by detection of reduced CACT enzyme activity. Mutations in the SLC25A20 gene are responsible for CACT deficiency, and sequencing of this gene is recommended after positive biochemical analysis.

Reference Values
An interpretive report will be provided.

Cautions
A small percentage of individuals who are carriers or have a diagnosis of carnitine-acylcarnitine translocase (CACT) deficiency may have a mutation that is not identified by this method (eg, promoter and deep intronic mutations). The absence of a mutation, therefore, does not eliminate the possibility of positive carrier status or the diagnosis of CACT deficiency.

In some cases, DNA alterations of undetermined significance may be identified.

Rare polymorphisms exist that could lead to false-negative or false-positive results. If results obtained do not match the clinical and biochemical findings, additional testing should be considered.

Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Errors in our interpretation of results may occur if information given is inaccurate or incomplete.

Clinical Reference


Performance

Method Description
Bidirectional sequence analysis is performed to test for the presence of a mutation in all coding regions and intron/exon boundaries of the SLC25A20 gene.(Unpublished Mayo method)

PDF Report
No

Day(s) Performed
Varies

Report Available
14 to 20 days
Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information
81405 SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence

Fibroblast Culture for Genetic Test

88233-Tissue culture, skin or solid tissue biopsy (if appropriate)

88240-Cryopreservation (if appropriate)

LOINC® Information

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