

## Long QT Syndrome Gene Panel, Varies

**Test ID:** LQTSG

**Explanation:** On the effective date extracted DNA, cultured fibroblast, skin biopsy, cord blood, and saliva will be acceptable for testing. Formatting of acceptable specimen types will also be standardized. Reflex testing and algorithm will be updated to include new specimen type information.

| Current Testing Algorithm | New Testing Algorithm   |
|---------------------------|---|
| None                      | <p><b>Skin biopsy or cultured fibroblast specimens:</b><br/>For skin biopsy or cultured fibroblast specimens, a fibroblast culture will be performed at an additional charge. If viable cells are not obtained, the client will be notified.</p> <p><b>Cord blood:</b><br/>For cord blood specimens that have an accompanying maternal blood specimen, maternal cell contamination studies will be performed at an additional charge.</p> |

| Current Ordering Guidance  | New Ordering Guidance   |
|--|---|
| <p>This test is intended for genetic screening for and diagnosis of long QT syndrome.</p> <p>For Brugada syndrome genetic testing, order SCN5A / Brugada Syndrome Multi-Gene Panel, Blood.</p> <p>For comprehensive inherited cardiac arrhythmia genetic testing, order CARGG / Comprehensive Arrhythmia Gene Panel, Varies.</p> <p>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.</p> <p>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.</p> | <p>This test is intended for genetic screening for and diagnosis of long QT syndrome.</p> <p>For Brugada syndrome genetic testing, order SCN5A / Brugada Syndrome Multi-Gene Panel, Blood.</p> <p>For comprehensive inherited cardiac arrhythmia genetic testing, order CARGG / Comprehensive Arrhythmia Gene Panel, Varies.</p> <p>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. To modify this panel via CGPH, use the Cardiovascular/Connective Tissue/Dyslipidemia/Cerebrovascular/Primary Ciliary Dyskinesia disease state for step 1 on the <a href="#">Custom Gene Ordering Tool</a>.</p> <p>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.</p> |

| Current Reflex Tests |
|----------------------|
| None                 |

| New Reflex Tests |                                     |                      |                  |
|------------------|-------------------------------------|----------------------|------------------|
| Test ID          | Reporting Name                      | Available Separately | Always Performed |
| CULFB            | Fibroblast Culture for Genetic Test | Yes                  | No               |
| MATCC            | Maternal Cell Contamination, B      | Yes                  | No               |

| Current Specimen Required  |
|--|
| <b>Patient Preparation:</b> 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. |
| <b>Specimen Type:</b> Whole blood  |
| <b>Container/Tube:</b>   |
| <b>Preferred:</b> Lavender top (EDTA) or yellow top (ACD)  |
| <b>Acceptable:</b> Any anticoagulant   |
| <b>Specimen Volume:</b> 3 mL   |
| <b>Collection Instructions:</b>  |
| 1. Invert several times to mix blood   |
| 2. Send whole blood specimen in original tube. <b>Do not aliquot.</b>  |
| <b>Specimen Stability Information:</b> Ambient (preferred)/Refrigerated  |

| New Specimen Required  |
|--|
| <b>Patient Preparation:</b> A previous hematopoietic stem cell transplant from an allogenic donor will interfere with testing. For information about testing patients who have received a hematopoietic stem cell transplant, call 800-533-1710.   |
| <b>Submit only 1 of the following specimens:</b>   |
| <b>Specimen Type:</b> Whole blood  |
| <b>Container/Tube:</b>   |
| <b>Preferred:</b> Lavender top (EDTA) or yellow top (ACD)  |
| <b>Acceptable:</b> Green top (sodium heparin)  |
| <b>Specimen Volume:</b> 3 mL   |
| <b>Collection Instructions:</b>  |
| 1. Invert several times to mix blood.  |
| 2. Send whole blood specimen in original tube. <b>Do not aliquot.</b>  |
| 3. Whole blood collected postnatal from an umbilical cord is also acceptable. See Additional Information   |
| <b>Specimen Stability Information:</b> Ambient (preferred) 4 days/Refrigerated 4 days/Frozen 4 days  |
| <b>Additional Information:</b>   |
| 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 are met, the requested volume must be submitted. Testing may be canceled if DNA requirements are inadequate.  |
| 3. For postnatal umbilical cord whole blood specimens, maternal cell contamination studies are recommended to ensure test results reflect that of the patient tested. A maternal blood specimen is required to complete maternal cell contamination studies. Order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on both the cord blood and maternal blood specimens under separate order numbers. |
| <b>Specimen Type:</b> Saliva   |
| <b>Patient Preparation:</b> Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.  |
| <b>Supplies:</b>   |
| 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:** Blood spot

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

**Container/Tube:**

**Preferred:** Collection card (Whatman Protein Saver 903 Paper)

**Acceptable:** PerkinElmer 226 filter paper or blood spot collection card

**Specimen Volume:** 2 to 5 Blood spots

**Collection Instructions:**

1. An alternative blood collection option for a patient older than 1 year is a fingerstick. For detailed instructions, see [How to Collect a Dried Blood Spot Sample](#).
2. Let blood dry on the filter paper at ambient temperature in a horizontal position for a minimum of 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 (preferred)/Refrigerated

**Additional Information:**

1. Blood spot specimens are acceptable but not recommended. Due to lower quantity/quality of DNA yielded from blood spots, 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.

2. Due to lower concentration of DNA yielded from blood spot, it is possible that additional specimen may be required to complete testing.

3. For collection instructions, see [Blood Spot Collection Instructions](#)

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

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

**Specimen Type:** Skin biopsy

**Supplies:** Fibroblast Biopsy Transport Media (T115)

**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.

**Specimen Volume:** 4-mm Punch

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

**Additional Information:**

1. Specimens are preferred to be received within 24 hours of collection. Culture and extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks are required to culture fibroblasts before genetic testing can occur.

**Specimen Type:** Cultured fibroblasts

**Source:** Skin or tissue

**Container/Tube:** T-25 flask

**Specimen Volume:** 2 Flasks

**Collection Instructions:** Submit confluent cultured fibroblast cells from a biopsy. Cultured cells from a prenatal specimen will not be accepted.

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

**Additional Information:**

1. Specimens are preferred to be received within 24 hours of collection. Culture and extraction will be attempted for specimens received after 24 hours and will be evaluated to determine if testing may proceed.
2. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks are required to culture fibroblasts before genetic testing can occur.

**Specimen Type:** Extracted DNA

**Container/Tube:**

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

**Acceptable:** Matrix tube, 1 mL

**Collection Instructions:**

1. The preferred volume is at least 100 mcL at a concentration of 75 ng/mcL.
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.

|                                 |
|---------------------------------|
| <b>Current Report Available</b> |
| 28 to 42 days                   |

|                             |
|-----------------------------|
| <b>New Report Available</b> |
| 21 to 28 days               |

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|--|
| <b>Current Specimen Retention Time</b>                       |
| Whole blood: 2 weeks (if available); Extracted DNA: 3 months |

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|--|
| <b>New Specimen Retention Time</b>   |
| Whole blood: 28 days (if available); Saliva: 30 days (if available); Extracted DNA: 3 months; Blood spots: 1 year (if available) |

## Questions

Contact Melissa Tricker-Klar, Laboratory Resource Coordinator at 800-533-1710.