



## **Porter Hospital Laboratory**

115 Porter Drive  
Middlebury, VT 05753

# **TEST CHANGE ANNOUNCEMENT**

## **GENETIC TESTING**

**March 1, 2010**

Please be aware that all orders submitted for genetic testing must be accompanied by a copy of a signed consent form. Since we send the genetic testing samples to Mayo Medical Laboratories in Rochester, MN, please use the attached "Informed Consent for DNA Testing". As of March 1, 2010, all samples drawn or submitted for genetic testing that are not accompanied by the proper signed consent forms will be held until the forms are received by Porter Laboratory. The failure to provide the forms will cause delays in patient testing.

This pertains, but is not limited to, the following genetic tests:

- Mayo Unit Code 81508: **Hemochromatosis HFE Gene Analysis**, Blood
- Mayo Unit Code 9497: **Cystic Fibrosis Mutation Analysis**, 70-Mutation Panel
- Mayo Unit Code 81742: **Prothrombin G20210A Mutation**, Blood
- Mayo Unit Code 81419: **Factor V Leiden (R506Q) Mutation**, Blood
- Mayo Unit Code 550: Coagulation Consultation,  
**Thrombosis/Hypercoagulability**, Blood and Plasma

In addition a Mayo Clinic Molecular Genetics - Congenital Inherited Diseases Patient Information Sheet needs to be completed for HFE and CF 70-Mutation Panel.

A MayoConnect Additional Test Information (see attached) is also required for all coagulation tests.

All of the forms mentioned above can be downloaded and printed from the Porter Hospital Laboratory website at <http://www.porterhospitallab.org/forms.html>.