

CLIA #: 16D0966193
 Test Menu as of 4/5/2024

Hearing Loss Genetic Tests	Test Codes	CPT Codes	Sample Type	Cost	TAT
OtoSCOPE®v9 panel (224 genes; Next Generation Sequencing (NGS) panel and copy number variant analysis)	OTOSC09	81430, 81431	3-5 cc EDTA whole blood (room temperature) OR 5 ug DNA , resuspended in at least 50 ul of DNA Elution Buffer OR Saliva (DNA Genotek, ORAGene Discover, OGR-500) OR Buccal swabs, at least 4 (DNA Genotek, OraCollect, OCD-100)	\$1950	6 weeks
Usher panel (9 genes; Next Generation Sequencing (NGS) panel and copy number variant analysis)	USH02	81404(x2), 81407(x3), 81408(x2), 81479(x2)		\$1950	6 weeks
GJB2/GJB6 (<i>Connexin 26/30</i>)	GJB2_6	81252, 81254		\$356	8 weeks
GJB2/GJB6 familial (<i>Connexin 26/30</i>)	GJB2_6F	81253		\$220	8 weeks
Aminoglycoside-Induced Hearing Loss Panel (MT-RNR1 gene) (m.1095T>C, m.1494C>T, and m.1555A>G variants)	MTRNR1	81401		\$185	3 weeks
OtoSCOPE® Familial Variant Testing (cost is per person/per gene)	OTOSCFAM	81403		\$220	6 weeks
HEAR VUS Program (variant reclassification program for qualifying families)	HEARVUS	NA	-----	6 weeks	
Gene Specific Testing (Please contact MORL prior to ordering to discuss availability, test methods, and cost.)		Single gene testing may be available for hearing loss genes included on the current OtoSCOPE panel.		Please contact MORL	Please contact MORL
Kidney Disease Genetic Tests	Test Codes	CPT Codes	Sample Type	Cost	TAT
Genetic Renal Panel (<i>CFH, CFI, MCP, CFB, CFHR5, C3, THBD, ADAMTS13, PLG, DGKE, MMACHC, G6PD. WT1</i> and <i>MLPA</i>)	GRP08	81479, 81405	3-5 cc EDTA whole blood (room temperature) OR Saliva (DNA Genotek, ORAGene Discover, OGR-500) OR 5 ug DNA , resuspended in at least 50 ul of DNA Elution Buffer	\$3,000	3 weeks
MLPA (<i>CFH-CFHR5</i> gene region copy number variation detection)	MLPA02	81405		\$686	3 weeks
Genetic Renal Panel Familial Variant Testing (cost is per person/per gene)	GRPFAM	81403		\$220	2 weeks
Functional/Biomarker Tests - Panels	Test Codes	CPT Codes	Sample Type	Cost	TAT
C3 Glomerulopathy Complement Panel (Includes Complement Autoantibody Panel, Complement Biomarker Panel, Complement Pathway Activity Panel); appropriate for the initial evaluation of C3G patients, i.e. DDD or C3GN	C3G-CP	86161 (x5), 83516 (x2), 86160 (x11), 83520, 86334, 86162	2 ml frozen serum AND 2 ml frozen EDTA plasma	\$4847.40	4 weeks
aHUS (complement-mediated TMA) Panel (18 tests - C3, C3c, C4, C5, FD, FB, Ba, Bb, Properdin, Soluble C5b-9 (sC5b-9), FI and FH levels, CH50, APFA, FHAA, FBAA, C3b Deposition, Fluid Phase Activity-IFE)	aHUS-FP	83516 (x2), 83520, 86160 (x11), 86161 (x2), 86162, 86334		\$4037.40	4 weeks
Autoantibody Panel (Fluid Phase Activity Assay (IFE), FB autoantibody, FH autoantibody, C3Nef (C3CSA), C5Nef (C3CSAP), C4Nef; appropriate for following antibody levels)	AAP	83516 (x2), 86161(x3), 86334	2 ml frozen serum	\$1630.80	4 weeks
Complement Biomarker Panel (C3, C3c, C4, FB, Ba, Bb, C5, FD, Properdin levels, Soluble C5b-9 (sMAC), FI and FH levels; appropriate for following biomarker levels)	CBP	83520, 86160(x10)	2 ml frozen serum AND 2 ml frozen EDTA plasma	\$2641.50	4 weeks
Complement Pathway Activity Panel (3 tests – CH50, APFA, C3b Deposition Assay); appropriate for following complement activity and complement blockade)	CPAP	86161 (x2), 86162	2 ml frozen serum	\$575.10	4 weeks

Functional Tests - a la carte - Serum	Test Codes	CPT Codes	Sample Type	Cost	TAT
CH50	07CH50	86161	1 ml frozen serum per test (if ordering more than 6 tests please provide at least 2ml total for all tests)	\$119	2 weeks
Alternative Pathway Functional Assay (APFA)	06APFA	86161		\$220	2 weeks
C3b Deposition Assay	01C3BDA	86162		\$300	4 weeks
Fluid Phase Activity Assay (IFE)	07FPA	86334		\$200	4 weeks
FH Autoantibody Testing	07FBAA	83516		\$356	2 weeks
FB Autoantibody Testing	07FHAA	83516		\$356	4 weeks
C3Nef (C3CSA)	06C3NEF	86161		\$250	4 weeks
C5Nef (C3CSAP)	06C5NEF	86161		\$250	4 weeks
C4Nef	06C4NEF	86161		\$400	4 weeks
Biomarker Tests - a la carte - EDTA Plasma	Test Codes	CPT Codes	Sample Type	Cost	TAT
C3 Level – <i>frozen red-top serum</i>	07C3L	86160	1 ml frozen plasma (unless otherwise noted) per test (if ordering more than 6 tests please provide at least 2ml total for all tests)	\$110	2 weeks
C3c Level	06C3CL	86160		\$358	4 weeks
C4 Level – <i>frozen red-top serum</i>	07C4L	86160		\$110	2 weeks
Factor D Level (FD)	01FDL	86160		\$330	2 weeks
Factor B Level (FB)	07FBL	86160		\$165	2 weeks
Ba Level	06BAL	86160		\$275	2 weeks
Bb Level	06BBL	86160		\$275	2 weeks
C5 Level	06C5L	86160		\$300	2 weeks
Properdin Level	06PL	86160		\$330	2 weeks
Soluble C5b-9 (sC5b-9)	06SMAC	83520		\$352	2 weeks
Factor I Level (FI)	07FIL	86160		\$165	2 weeks
Factor H Level (FH)	06FHL	86160		\$165	2 weeks
ADAMTS-13 Assays - Citrated Plasma	Test Codes	CPT Codes		Sample Type	Cost
ADAMTS-13 Activity Assay	01ATS13	85397	1 ml frozen citrated plasma	\$400	24 hours
ADAMTS-13 Activity with reflex to ADAMTS13 Inhibitor Assay (if activity is <25%)	01ATS13RFX	85397, 85335		\$800	24 hours

Ship all samples to:

**Dr. Richard Smith
Molecular Otolaryngology & Renal Research
Laboratories
The University of Iowa
285 Newton Rd., 5270 CBRB
Iowa City, IA 52242**

NO weekend deliveries
*University of Iowa Shipping and
Receiving Department is
CLOSED on weekends & holidays*