Labcorp Oklahoma, Inc. Test Directory

Noonan Syndrome Panel

Order Name: Noonan Syn WB

Test Number: 5194957
Revision Date: 03/21/2023

TEST NAME		MET	HODOLOGY	LOINC CODE	
Noonan Syndrome Panel		Poly	Polymerase Chain Reaction		
SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	8.5 mL (3 mL)	Whole Blood	ACD Solution A or B (Yellow Top)	Room Temperature	
Alternate 1	8.5 mL (3 mL)	Whole Blood	EDTA (Lavender Top)	Room Temperature	
Alternate 2	1	Saliva	Oragene Dx saliva kit	Room Temperature	
Alternate 3	1	Buccal swab	PurFlock buccal swab kit	Room Temperature	
Instructions	Specimen Type: Whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit				
	Specimen Volume: 8.5 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit Mininum Volume: 3 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit				
	Collection: Standard phlebotom	ny. Follow PurFlock buccal swab kit	or Oragene Dx 500 saliva kit collection instruc	ctions. Do not eat, drink, smoke, or	
	chew gum 30 min prior to collection.				
	Specimen Storage: Maintain specimen at room temperature or refrigerate at 4C Do not freeze.				
	Special Instructions: In cases in which there is a known variant documented in the family, the physician may prefer to order Targeted Variant				

GENERAL INFORMATION		
Expected TAT	14 - 21 days In some cases, additional time may be required for confirmatory or reflex tests.	
Clinical Use	This test includes the following genes: BRAF, CBL, HRAS, KRAS, LZTR1, MAP2K1, MAP2K2, MRAS, NF1, NRAS, PPP1CB, PTPN11, RAF1, RASA2, RIT1, RRAS, SHOC2, SOS1, SOS2 and SPRED1.	
Performing Labcorp Test Code	482279	
Notes	Labcorp Test Code: 482279	
Lab Section	Reference Lab	

Analysis, test code 5194970. Test orders must include an attestation that the provider has the patient's informed consent for genetic testing.

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