Methylene Tetrahydrofolate Reductase (MTHFR) c.677C>T (p.A222V) Mutation Analysis

Summary and Explanation of the Test:

Hyperhomocysteinemia is associated with an increased risk for cerebrovascular, peripheral vascular and coronary heart disease. The 5, 10-methylenetetrahydrofolate reductase (MTHFR) gene on chromosome 1p36.3 produces an enzyme which catalyzes the remethylation of homocysteine. The MTHFR c.677C>T (p.A222V) mutation, which changes an alanine to a valine causes increased plasma homocysteine levels as a result of reduced activity and increased thermolability. The increase in plasma homocysteine levels is seen in the homozygous state but not the heterozygous state.

Genotype of the mutation is determined by a liquid bead-based assay on the Luminex 100/200 flow cytometer. After genomic DNA extraction from whole blood, the target is amplified by PCR and the product is hybridized to two different polystyrene beads (mutant and wild type) bearing complimentary oligonucleotide sequences. After adding fluorescent reporter streptavidin-phycocerythrin (SAPE), beads are washed and read on the Luminex 100/200 instrument. Genotyping is determined by analysis of signal generated from the wild type and mutant beads.

Turn-Around-Time: 7-10 days

Sample Requirements:

Whole blood collected in EDTA (purple top) or ACD (yellow top) vacutainer tubes is the specimen of choice. *Samples collected in a green top tube (heparin anticoagulated) are not acceptable.

Results Reporting:

A report is issued containing the results of the test (normal, heterozygous, or homozygous) and interpretation with reference to the associated risk.

References:


For any questions regarding coagulation factor testing, please contact the Molecular Diagnostics laboratory at 419-383-5636 or the director at 419-383-6444. Further information can also be found on the Molecular Diagnostics web site at: http://www.utoledo.edu/med/depts/path/moldx/index.html