HOTLINE: Effective November 14, 2022

0051415 Ashkenazi Jewish Diseases, 16 Genes AJP

Performed: Varies
Reported: 5-10 days

Specimen Required: Collect: **Whole blood:** Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B).
Fetal specimens: Cultured amniocytes: Two T-25 flasks at 80 percent confluency.
OR **cultured CVS:** Two T-25 flasks at 80 percent confluency.
If the client is unable to culture, order ARUP test Cytogenetics Grow and Send (test code 0040182) in addition to this test and ARUP will culture upon receipt (culturing fees will apply). If you have any questions, contact ARUP's Genetics Processing at 800-522-2787 ext. 3301.
WITH maternal cell contamination specimen: Whole blood: Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B).
Specimen Preparation: **Whole blood:** Transport 3 mL whole blood. (Min: 1 mL)
Cultured amniocytes OR cultured CVS: Transport two T-25 flasks at 80 percent confluency filled with culture media. Backup cultures must be retained at the client's institution until testing is complete.
Maternal cell contamination specimen: Transport 3 mL whole blood. (Min: 1 mL)
Storage/Transport Temperature: **Whole blood or maternal cell contamination specimen**: Refrigerated.
Cultured amniocytes OR cultured CVS: CRITICAL ROOM TEMPERATURE. Must be received within 48 hours of shipment due to lability of cells
Unacceptable Conditions: Plasma or serum. Specimens collected in sodium heparin or lithium heparin tubes. Frozen specimens in glass collection tubes.
Stability (collection to initiation of testing): **Whole blood or maternal cell contamination specimen:** Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month
Fetal specimens: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

Interpretive Data: Refer to report

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Note: Cystic fibrosis (CF) carrier testing is NOT included as part of this panel. Please order Cystic Fibrosis (CFTR) Expanded Variant Panel (ARUP test code 2013661) to assess CF carrier status.

CPT Code(s): 81401, 81209, 81200, 81260, 81242, 81251, 81250, 81479, 81205, 81290, 81400, 81330, 81255