TEST CHANGE

Noonan Spectrum Disorders Panel, Sequencing, Fetal

2010769, NOONAN FE

Specimen Requirements:	
Patient Preparation:	
Collect:	Fetal Sspecimen: Two (2) T-25 flasks at 90 percent80% confluent of cultured amniocytes or cultured CVS. If the client is unable to culture, this can be arranged by contacting ARUP Client Services at (800) 522-2787. AND Maternal Cell Contamination Specimencell contamination specimen: Lavender (EDTA), pink (K2EDTA), or yellow (ACD Ssolution A or B).
Specimen Preparation:	Cultured Amniocytes or Cultured CVS: Fill flasks with culture media. Transport two (2) T-25 flasks at 9080 percent confluent of cultured cells filled with culture media. Backup cultures must be retained at the client's institution until testing is complete. If ARUP receives a sample below the minimum confluence, CG GRW&SND (0040182) will be added on by ARUP, and additional charges will apply. If clients are unable to culture specimens, CG GRW&SND should be added to initial order. AND Maternal Cell Contamination Specimen: Transport 3 mL whole blood (Min: 1 mL)
Transport Temperature:	Culture Amniocytes or Cultured CVS: CRITICAL ROOM TEMPERATURE. Must be received within 48 hours of shipment due to lability of cells. Maternal Cell Contamination Specimen: Ambient.
Unacceptable Conditions:	
Remarks:	
Stability:	Cultured Amniocytes or Cultured CVSFetal Specimen: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable Maternal: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	2-3 weeks; if culture is required, an additional 1 to 2 weeks is required for processing time.
Note:	Reported times are based on receiving the two T-25 flasks at 90 percent confluency. Cell culture time is independent of

	testing turn-around time. Maternal specimen is recommended for proper test interpretation. Order Maternal Cell Contamination. GENES TESTED: BRAF, CBL, HRAS, KRAS, LZTR1, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RASA2, RIT1, SHOC2, SOS1, SOS2, SPRED1
CPT Codes:	81442; 81265
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

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 US 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.

Reference Interval:

By report