

HOTLINE: Effective September 7, 2021

2013444

**Spinal Muscular Atrophy (SMA) Copy Number Analysis, Fetal**

**SMA DD FE**



Patient History for Fetal Molecular Testing



Additional Technical Information



Time Sensitive

**Specimen Required:** Collect: **Cultured amniocytes or Cultured CVS**

**AND Maternal Whole Blood Specimen:** Lavender (EDTA), Pink (K<sub>2</sub>EDTA), or Yellow (ACD Solution A or B).

**Specimen Preparation:** **Cultured Amniocytes or Cultured CVS:** Transfer cultured amniocytes or cultured CVS to two T-25 flasks at 80 percent confluence (Min: one T-25 flask at 80% confluence). Backup cultures must be retained at the client's institution until testing is complete. **If the client is unable to culture amniocytes or CVS, this can be arranged by contacting ARUP Client Services at (800) 522-2787. Please contact an ARUP genetic counselor at (800) 242-2787 ext. 2141 prior to test submission.**

**Maternal Whole Blood Specimen:** Transport 2 mL whole blood. (Min: 1 mL)

**Storage/Transport Temperature:** **Cultured Amniocytes or Cultured CVS:** CRITICAL ROOM TEMPERATURE. Must be received within 48 hours of collection due to viability of cells.

**Maternal Whole Blood Specimen:** Room temperature.

**Remarks:** Please contact an ARUP genetic counselor at 800-242-2787 x2141 prior to sample submission. Patient History Form is available on the ARUP Web site or by contacting ARUP Client Services at (800) 522-2787.

**Stability (collection to initiation of testing):** **Cultured Amniocytes or Cultured CVS:** Room temperature: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable

**Maternal Whole Blood Specimen:** Room Temperature: 7 days; Refrigerated: 1 month; Frozen: Unacceptable