

TEST CHANGE

Maternal T Cell Engraftment in SCID

2014699, STR-SCID

Specimen Requirements:

Patient Preparation:

Collect: Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A)
~~New York State Clients: Lavender (EDTA) or yellow (ACD solution A or B)~~

Specimen Preparation: Transport 3 mL whole blood. ~~(Min: 2 mL)~~
~~New York State Clients: Transport 5 mL whole blood. (Min: 2 mL)~~

Transport Temperature: Ambient. Also acceptable: refrigerated. Ship overnight. Specimens should be received within 24 hours of collection for optimal isolation of T cells.
~~New York State Clients: Ambient~~

Unacceptable Conditions: Clotted or hemolyzed specimens.

Remarks:

Stability: Room temperature: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable
~~New York State Clients: Room Temperature: 1 week; Refrigerated: 2 weeks; Frozen: Unacceptable~~

Methodology: Polymerase Chain Reaction (PCR) / Fragment Analysis

Note: To complete Maternal T Cell Engraftment in SCID testing, samples should be collected to perform the following three tests: (1) A buccal swab or brush collected from the patient for Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen (ARUP test code 2014694), used as a genetic baseline for the patient. (2) A peripheral blood sample from the biological mother for Maternal T Cell Engraftment in SCID, Maternal Specimen (ARUP test code 2014704), used as a genetic baseline for the mother. (3) A peripheral blood sample collected from the patient for Maternal T Cell Engraftment in SCID (ARUP test code 2014699). T cells isolated from the blood sample will be genotyped for comparison to the patient and biological mother baseline genotypes. If T-cell sorting is not completed on the blood sample before submission of Maternal T Cell Engraftment in SCID (ARUP test code 2014699), BMT Cell Isolation (ARUP test code 2005498) will be added to each order of Maternal T Cell Engraftment in SCID (ARUP test code 20146990). Additional charges apply for cell isolation.

CPT Codes: 81268; If cell sorting is performed, add 88184

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.

Reference Interval:

Test Number	Components	Reference Interval	
	Maternal Engraftment, Interpretation		
		Type Maternal	Maternal cells only.
		Type Patient	Patient cells only.
		Mixed	Patient and maternal T cells present. Semiquantitative results of percentage of patient and maternal cells will be reported.