

TEST CHANGE

Platelet Antigen Genotyping Panel

3000193, HPA GENO

Specimen Requirements:

Patient Preparation:

Collect: Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B).
~~Fetal genotyping: Amniotic fluid Cultured amniocytes: Two T-25 flasks at 80 percent confluency. If the client is unable to culture, order test Cytogenetics Grow and Send (ARUP 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: Lavender (EDTA), Pink (K2EDTA), or Yellow (ACD Solution A or B). Parental genotyping: Lavender (EDTA).~~

Specimen Preparation: Whole blood: Transport 3 mL whole blood. (Min: 1 mL)
~~Amniotic fluid: Transport 10 mL amniotic fluid in a sterile container. (Min: 5 mL) OR Cultured amniocytes: 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) Whole blood (parental genotyping): Transport 3 mL whole blood. (Min: 1 mL)~~

Transport Temperature: Amniotic fluid, cultured amniocytes: CRITICAL ROOM TEMPERATURE. Must be received within 48 hours of shipment due to lability of cells. ~~Whole blood or maternal cell contamination specimen: Refrigerated.~~

Unacceptable Conditions: Frozen specimens in glass collection tubes.

Remarks:

Stability: ~~Fetal specimens Amniotic fluid or cultured amniocytes: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable~~ Whole blood or maternal cell contamination specimen: Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

Methodology: Polymerase Chain Reaction (PCR) ~~/~~ Fluorescence Monitoring

Performed: Varies

Reported: 7-14 days

Note: ~~Maternal specimen is recommended for proper test interpretation if contamination of the fetal specimen from the mother is suspected. Order Maternal Cell Contamination.~~

CPT Codes: 81105; 81106; 81107; 81108; 81109; 81110; 81112

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

~~Refer to report.~~
~~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.

PA 1-6, 15 Polymorphism

HPA System	"a" Allele Common	"b" Allele Variant
HPA 1	T	C
HPA 2	C	T
HPA 3	T	G
HPA 4	G	A
HPA 5	G	A
HPA 6	G	A
HPA 15	C	A

Reference Interval: