HOTLINE: Effective February 16, 2021

New Test **3001842** **Hereditary Myeloid Neoplasms Panel, Sequencing** **HMYE NGS**

Additional Technical Information

Patient History for Hereditary Myeloid Neoplasms

Methodology: Massively Parallel Sequencing
Performed: Varies
Reported: 3-6 weeks

Specimen Required: Collect: Cultured skin fibroblasts (preferred) or
Whole blood: Lavender (EDTA) or yellow (ACD Solution A or B). or
Skin punch biopsy**:** Thaw media prior to tissue inoculation. Place skin punch biopsy in a sterile, screw-top container filled with tissue culture transport medium (ARUP Supply #32788). Available online through eSupply using ARUP Connect. If cytogenetics tissue media is not available, collect in plain RPMI, Hanks solution, sterile saline, or ringers.
Specimen Preparation: Cultured skin fibroblasts: 2 T-25 flasks at 80 percent confluency, Fill flasks with culture media. Backup cultures must be maintained at the client's institution until testing is complete.
Skin punch biopsy DO NOT FREEZE. Do not place in formalin. Transport a 4 mm skin biopsy in a sterile, screw-top container filled with tissue transport medium.
Whole blood: Transport 3 mL whole blood. (Min: 1.5 mL)
Storage/Transport Temperature: Cultured skin fibroblasts: Critical room temperature. Must be received within 48 hours of shipment due to lability of cells
Skin punch biopsy: Room temperature
Whole Blood: Refrigerated.
Remarks: Cultured skin fibroblast backup cultures must be retained at the client's institution until testing is complete. Skin punch biopsies can be cultured at ARUP at an additional charge.
Unacceptable Conditions: Grossly hemolyzed or frozen specimens; formalin fixed tissue, FFPE
Stability (collection to initiation of testing):
Cultured skin fibroblasts: Ambient: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable,
Skin punch biopsy: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable
Whole blood: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Reference Interval: By report

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.

Note: Genes tested: *ANKRD26*, ATM, BLM, CBL, CEBPA, DDX41, ELANE, ETV6, GATA1, GATA2, KRAS, NBN, PTPN11*, RUNX1, SAMD9, SAMD9L, SRP72*, TERC, TERT, TP53.*

If a skin punch biopsy is submitted, specimen will be reflexed for culturing. Additional charge apply.

CPT Code(s): 81479; for skin punch biopsy, add 88233.

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.