

TEST CHANGE

Tuberous Sclerosis Complex Panel, Sequencing and Deletion/Duplication, Fetal
3002096, TSC NGS FE

Specimen Requirements:

Patient Preparation:

Collect: Fetal Sspecimen: Two ~~(2)~~-T-25 flasks at ~~90~~80% confluent of cultured amniocytes or cultured chorionic villus sampling (CVS). AND Maternal Whole Blood Specimen~~whole blood specimen~~: Lavender (EDTA), pink (~~K2~~EDTA), or yellow (ACD Ssolution A or B).

Specimen Preparation: Cultured Aamniocytes or Cultured CVS: Fill flasks with culture media. Transport two ~~(2)~~-T-25 flasks at ~~90 percent~~80% confluent of cultured amniocytes or cultured CVS 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~~client is~~ unable to culture specimens, CG GRW&SND should be added~~amniocytes, this can be arranged by contacting ARUP Client Services at (800) 522-2787 ext. 2 prior to initial order test submission.~~ Maternal Whole Blood Specimen~~whole blood specimen~~: Transport 3 mL whole blood- (Min: ~~1.2~~ mL)-

Transport Temperature: Cultured Aamniocytes or Cultured CVS: CRITICAL ROOM TEMPERATURE. Must be received within 48 hours of shipment due to viability of cells. Maternal Sspecimen: Room temperature.

Unacceptable Conditions:

Remarks:

Stability: Cultured Aamniocytes or Cultured CVS: Ambient Room temperature: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable Maternal Cell Contamination Specimen~~whole blood specimen~~: Room temperature: 7 days; Refrigerated: 1 month; Frozen: Unacceptable

Methodology: Massively Parallel Sequencing

Performed: Varies

Reported: 2-3 weeks; if culture is required, an additional 1-2 weeks is required for processing time.

Note: Genes tested: TSC1, TSC2 Reported times are based on receiving the two T-25 flasks at 90 percent confluent. Cell culture time is independent of testing turn-aroundturnaround time. Maternal specimen is recommended for proper test interpretation. Order Maternal Cell Contamination.

CPT Codes: 81405; 81406; 81407; 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.

Reference Interval:

By report
