

TEST CHANGE

Beta Globin (HBB) Sequencing, Fetal

3004550, BG 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 (K2EDTA), or yellow (ACD solution A or B).

Specimen Preparation: Cultured Amniocytes or Cultured CVS: Fill flasks with culture media. Transport two ~~(2)~~-T-25 flasks at ~~90~~80 percent 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. 2141 prior to initial order~~test submission Maternal Whole Blood Specimen: Transport 3 mL whole blood. (Min: ~~1~~2 mL).

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

Unacceptable Conditions:

Remarks:

Stability: 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

Methodology: Massively Parallel Sequencing

Performed: Varies

Reported: ~~2-3 weeks~~10-14 days; if culture is required, an additional 1 to 2 weeks is required for processing time

Note: Gene tested: HBB (NM_000518) Deletion/duplication analysis is not performed for this gene. Reported times are based on

receiving the two T-25 flasks at 90 percent confluent. Cell culture time is independent of testing turn-around time. Maternal specimen is recommended for proper test interpretation. Order Maternal Cell Contamination.

CPT Codes: 81364, 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