

New Test **3004550** **Beta Globin (*HBB*) Sequencing, Fetal** **BG NGS FE**



Additional Technical Information



Patient History for Fetal Molecular Testing

Methodology: Massively Parallel Sequencing

Performed: Varies

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

Specimen Required: Collect: **Fetal Specimen:** Four (4) T-25 flasks at 80% confluent of cultured amniocytes or cultured chorionic villus sampling (CVS).

AND Maternal 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 four (4) T-25 flasks at 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 the client is unable to culture amniocytes, this can be arranged by contacting ARUP Client Services at (800) 522-2787 ext. 2141 prior to test submission.**

Maternal Whole Blood Specimen: Transport 3 mL whole blood. (Min: 2 mL).

Storage/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

Stability (collection to initiation of testing): **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

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 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.

Note: Gene tested: *HBB* (NM_000518)

Deletion/duplication analysis is not performed for this gene.

Reported times are based on receiving the four (4) T-25 flasks at 80 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 Code(s): 81364, 81265 Fetal Cell Contamination (FCC)

New York DOH approval pending. Call for status update.

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