

TEST CHANGE

Rapid Whole Genome Sequencing

3005935, RWGS NGS

Specimen Requirements:

Patient Preparation:

Collect: Lavender or pink (EDTA) ~~or yellow (ACD solution A or B)~~. Peripheral blood required. Contact ARUP's genetic counselor at 800-242-2787 ext. 2141 prior to test submission. Refer to [Rapid Whole Genome Sequencing, Familial Control \(ARUP test code ~~RWGS FAM~~ \(3005928\) or Rapid Whole Genome Sequencing, Familial Control with Report \(ARUP test code ~~RWGS FRPT~~ \(3005933\) for parental specimen requirements.](#) [Rapid Whole Genome Sequencing, RWGS NGS](#) requires two parental controls ordered using either of the test codes above. Testing will not be approved if 3 specimens (proband, 2 parental controls) are not received with associated orders. New York State Clients: ARUP cannot facilitate testing for New York patients. Please work directly with a New York-approved laboratory.

Specimen Preparation: Transport 2 mL whole blood. (Min: 0.5 mL) Refer to [Rapid Whole Genome Sequencing, Familial Control \(ARUP test code ~~RWGS FAM~~ \(3005928\) or Rapid Whole Genome Sequencing, Familial Control with Report \(ARUP test code ~~RWGS FRPT~~ \(3005933\) for parental specimen requirements.](#)

Transport Temperature: Refrigerated. Refer to [Rapid Whole Genome Sequencing, Familial Control \(ARUP test code ~~RWGS FAM~~ \(3005928\) or Rapid Whole Genome Sequencing, Familial Control with Report \(ARUP test code ~~RWGS FRPT~~ \(3005933\) for parental specimen requirements.](#)

Unacceptable Conditions:

Remarks: Testing will not be approved if 3 total specimens (proband, 2 parental controls) are not received with associated orders.

Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Methodology: Massively Parallel Sequencing

Performed: Varies

Reported: 5-7 days

Note: This test is not orderable on proband only. Familial (parental)

controls are required for analysis. The ability to identify causative variant(s) for the patient's presentation is strongly influenced by the quality of the clinical information required.

CPT Codes: 81425; per familial comparator, 81426 is added

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