

**TEST CHANGE****Whole Genome Reanalysis**

3005939, RWGS REA

**Specimen Requirements:****Patient Preparation:****Collect:**

No new specimen is required to process this test; [please release test order to ARUP upon order.](#)

New York State Clients: ARUP cannot facilitate testing for New York patients. Please work directly with a New York-approved laboratory.

**Specimen Preparation:****Transport Temperature:****Unacceptable Conditions:****Remarks:**

Patient History Form for Exome/Genome Reanalysis (REQUIRED): fax to Genetic Counselors at 801-584-5236.

**Stability:****Methodology:**

Bioinformatic Processing and Variant Analysis

**Note:**

Only the proband will receive an updated report. The most current list of American College of Medical Genetics and Genomics (ACMG) recommended genes will be examined for the proband if consent for reporting [of secondary findings](#) [ACMG variants](#) was originally provided. [Please see the Exome/Genome Reanalysis Patient History form for a description of variant types reported at reanalysis.](#)

**CPT Codes:**

814217

**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.