

**TEST CHANGE**

**Whole Genome Sequencing, Familial Control**

3016497, WGS FRPT

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Lavender (EDTA) 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. 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: 1.0 mL)

**Transport Temperature:** Refrigerated

**Unacceptable Conditions:**

**Remarks:** This test is used for parental control samples associated with a proband sample submitted for [Whole Genome Sequencing](#) ~~whole genome sequencing~~ (ARUP test code 3016493). If a report for a parental control sample is desired, indicate opt-in status for [the American College of Medical Genetics and Genomics \(ACMG\)](#) secondary findings on the whole genome sequencing intake form (additional charges apply). When ARUP is requested to initiate preauthorization, DNA extraction will be performed on the proband and comparator samples to ensure sample stability (DNA Extract and Hold, ARUP test code 3005714, will be added to each sample by ARUP, additional charges apply). The cost of DNA extraction is credited when genome sequencing is performed.

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

**Methodology:** Massively Parallel Sequencing

**Performed:** Varies

**Reported:** 14-21 days

**Note:** Parental samples are used to aid in interpretation of the proband's genome sequencing data. Please indicate on the whole genome sequencing intake form if a report of American College of Medical Genetics and Genomics (ACMG) secondary findings is desired for submitted parental controls (additional charges apply). Please list the name/DOB for parental controls

on the whole genome sequencing intake form.

CPT Codes:

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:

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