| NEW TEST |
| :--- |
| Click for Pricing |
| Exome Sequencing, Familial Control |
| 3016589, EXOME FRPT |
| Specimen Requirements: |
| Patient Preparation: |
| Collect: |
|  |
| Lavender or pink (EDTA) or yellow (ACD solution A or B). <br> Peripheral blood required. Contact ARUP's genetic counselor at <br> 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. |

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:
N/A

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

