

## Prenatal Known Mutation Testing (PT2)

### Ordering Information

#### Acceptable specimen types:

- Please provide fresh blood sample (3-6 ml, EDTA) for maternal cell contamination studies with (or in advance) of submitted specimen. A delay in receipt may delay turnaround time
- Direct CVS (minimum 10 mg pure villi)
- Direct amniotic fluid (minimum 10 ml fluid)
- 2 T25 flasks of cultured CVS (>70% confluent)
- 2 T25 flasks of cultured amniocytes (>70% confluent)

\*Please Note: cultured cells are required for any multi-exonic deletion/duplication targeted analysis

#### Turnaround time:

6 working days

#### Price, CPT codes, and Z code:

\$750 (USD – institutional/self-pay);

CPT: 81403 and 81265

Z code: ZB67M

#### Candidates for this test:

Patients who want to prepare for prenatal/pre-implantation diagnosis and for predictive testing for individuals at risk of inheriting an already known mutation

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## Specimen shipping and handling:

- Please find acceptable specimen type above.
- All submitted specimens must be sent at room temperature. DO NOT ship on ice.
- Specimens must be packaged to prevent breakage and absorbent material must be included in the package to absorb liquids in the event that breakage occurs. Also, the package must be shipped in double watertight containers (e.g. a specimen pouch + the shipping company's diagnostic envelope).
- To request a sample collection kit, please visit the website or email [medgenomics@uabmc.edu](mailto:medgenomics@uabmc.edu) to complete the specimen request form.
- Please contact the MGL (via email at [medgenomics@uabmc.edu](mailto:medgenomics@uabmc.edu), or via phone at 205-934-5562) prior to sample shipment and provide us with the date of shipment and tracking number of the package so that we can better ensure receipt of the samples.

## Required forms:

- Test Requisition Form
- Form for Customs (for international shipments)

Note: Detailed and accurate completion of this document is necessary for reporting purposes. The Medical Genomics Laboratory issues its clinical reports based on the demographic data provided by the referring institution on the lab requisition form. It is the responsibility of the referring institution to provide accurate information. If an amended report is necessary due to inaccurate or illegible documentation, additional reports will be drafted with charge.

## Requests for testing may not be accepted for the following reasons:

- No label (patients full name and date of collection) on the specimens
- No referring physician's or genetic counselor's names and addresses
- No billing information

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- DNA samples must be extracted in a CLIA or equivalent certified lab

For more information, test requisition forms, or sample collection and mailing kits, please call: 205-934-5562.

## Test Description

We offer targeted detection of a previously characterized mutation(s) within the family. From a fresh EDTA blood sample, DNA is extracted directly and the target region is amplified and directly sequenced. To offer this testing service, the proband's mutation must be identified by our laboratory before testing relatives.

REFERENCES available on website.

### Other related testing options:

- Known Mutation Testing (KT2)
- RNA-based Known Mutation Testing (RT2)