St. John Health System Lab Catalog

Inheritest(R) CF/SMA Panel

Order Name: CF/SMA WB Panel

Test Number: 5194938 Revision Date: 03/21/2023

| TEST NAME | | METH | ODOLOGY | LOINC CODE |
|----------------------------|-----------------------|---------------|----------------------------------|-----------------------|
| Inheritest(R) CF/SMA Panel | | | See Test Notes | |
| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 8.5 mL (3 mL) | Whole Blood | ACD Solution A or B (Yellow Top) | Room Temperature |
| Alternate 1 | 8.5 mL (3 mL) | Whole Blood | EDTA (Lavender Top) | Room Temperature |
| Alternate 2 | 1 | Saliva | Oragene Dx saliva kit | Room Temperature |
| Alternate 3 | 1 | Buccal swab | PurFlock buccal swab kit | Room Temperature |
| | | | | |

Specimen Type: Whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit

Specimen Volume: 8.5 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit **Mininum Volume:** 3 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit

Collection: Standard phlebotomy. Follow PurFlock buccal swab kit or Oragene Dx 500 saliva kit collection instructions. Do not eat, drink, smoke, or

chew gum 30 min prior to collection.

Specimen Storage: Maintain specimen at room temperature or refrigerate at 4C Do not freeze.

Special Instructions: In cases in which there is a known variant documented in the family, the physician may prefer to order Targeted Variant

Analysis, test code 482552. Test orders must include an attestation that the provider has the patient's informed consent for genetic

GENERAL INFORMATION

Instructions

Expected TAT 14 - 21 days In some cases, additional time may be required for confirmatory or reflex tests.

Notes Clinical Questionnaire for Inheritest® Carrier Screen and GeneSeq® PLUS

Methodology

Cystic fibrosis: Next-generation sequencing to identify genetic variants, including small nucleotide variants (SNVs), insertions, deletions and copy number variants (CNVs). Spinal muscular atrophy (SMA): Copy number assessment of SMN1 exon 7 by quantitative polymerase chain reaction (qPCR). For carrier screening, when two copies of SMN1 are detected, allelic discrimination qPCR targeting c.*3+80T>G in SMN1 is performed. The presence or absence of c.*3+80T>G correlates with an increased or decreased risk, respectively, of being a silent carrier (2+0).

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