

GeneSeq PLUS, GALT

Order Name: GeneSeq P/GALT

Test Number: 5194967 Revision Date: 03/21/2023

TEST NAME		METHO	DDOLOGY	LOINC CODE
GeneSeq PLUS, GALT	Polymerase Chain Reaction			
SPECIMEN REQUIREM	MENTS			
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
Instructions	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: Variants of uncertain significance (VUS) will be reported unless VUS opt out is indicated on the requisition. If requesting full gene sequencing for multiple genes, order GeneSeq PLUS [5194962]. To test fetal specimens, including cordblood, order test code GeneSeq PLUS, Fetal Analysis [5194963] Test orders must include an attestation that the provider has the patient's informed consent for genetic testing. See sample			

GENERAL INFORMATION		
Expected TAT	14 - 21 days In some cases, additional time may be required for confirmatory or reflex tests.	
Clinical Use	This test is used for carrier and diagnostic testing for GALT-related galactosemia.	
Notes	Labcorp Test Code: 482483	
Service Provided By	labcorp Oklahoma, Inc.	

physician office consent form: Consent for Genetic Testing.