


## Inheritest(R) Core Panel

Order Name: **Inherit Core**  
Test Number: 5194939  
Revision Date: 03/21/2023

TEST NAME	METHODOLOGY	LOINC CODE
Inheritest(R) Core Panel	<u>Polymerase Chain Reaction</u>	

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
Instructions	<p><b>Specimen Type:</b> Whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit</p> <p><b>Specimen Volume:</b> 8.5 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit</p> <p><b>Minimum Volume:</b> 3 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit</p> <p><b>Collection:</b> 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.</p> <p><b>Specimen Storage:</b> Maintain specimen at room temperature or refrigerate at 4C Do not freeze.</p> <p><b>Special Instructions:</b> 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 482370, GeneSeq PLUS.</p>			

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 screening for cystic fibrosis, fragile X syndrome and spinal muscular atrophy.
Notes	<u>Clinical Questionnaire for Inheritest® Carrier Screen and GeneSeq® PLUS</u>
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.