Inheritest 100 PLUS Panel

Order Name: **Inherit 100P**
Test Number: 5194942
Revision Date: 03/21/2023

TEST NAME	METHODOLOGY	LOINC CODE
Inheritest 100 PLUS Panel	Polymerase Chain Reaction	

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)**	**EDTA 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: Males are not tested for x-linked disorders, including fragile X syndrome. Test orders must include an attestation that the provider has the patient's informed consent for genetic testing.

GENERAL INFORMATION

Expected TAT

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

Clinical Use

This test includes the following genes: ABCC8, ACADM, ACADVL, ACAT1, ADA, ADAMTS2, AGA, AGL, AGXT, ALDH3A2, ALDOB, ALPL, AMT, ARSA, ARSB, ASL, ASPA, ASS1, ATM, ATP7B, BBS1, BBS10, BBS2, BCKDHA, BCKDHB,BCS1L, BLM, CBS, CFTR, CLN3, CLN5, CLN8, CLRN1, COL4A3, CPS1, CPT2, CTNS, CTSA, DHCR7, DHDDS, DLD, DMD, DPYD, ELP1, ERCC5, ETHE1, FAH, FANCC, FKTN, FMR1, FOXRED1, FUCA1, G6PC1, GAA, GALC, GALNS, GALT, GAMT, GBA, GCDH, GLB1, GLDC, GNPTAB, GNS, GRHPR, GSS, GUSB, HADHA, HBA1, HBA2, HBB, HEXA, HEXB, HGSNAT, HLCS, HMGCL, HSD17B4, IDS, IDUA, IL2RG, LAMA3, LAMB3, LAMC2, LRPPRC, MAN2B1, MANBA, MCOLN1, MEFV, MMAA, MMAB, MMACHC, MMUT, MPL, MTTP, NAGLU, NBN, NDUFAF2, NDUFS4, NDUFS7, NDUFV1, NEB, NEU1, NPC1, NPC2, NPHS1, NPHS2, OTC, PAH, PCCA, PCCB, PCDH15, PDHA1, PEX1, PEX10, PEX12, PEX2, PEX26, PEX6, PEX7, PHGDH, PKHD1, PMM2, PPT1, RMRP, SACS, SGSH, SLC12A6, SLC17A5, SLC22A5, SLC25A20, SLC26A2, SLC35A3, SLC37A4, SMN1, SMPD1, SUMF1, SURF1, TMEM216, TPP1, TTPA, VPS13B, XPA and XPC.

Notes

Clinical Questionnaire for Inheritest® Carrier Screen and GeneSeq® PLUS

Service Provided By

labcorp
Oklahoma, Inc.