Reporting Title: Krabbe Disease, Known Mutation
Performing Location: Rochester

Specimen Requirements:

Forms:
1. Molecular Genetics-Biochemical Disorders Patient Information Sheet (Supply T527) in Special Instructions
2. New York Clients-Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing (Supply T576) is available in Special Instructions.

Specimen must arrive within 96 hours of collection.

Submit only 1 of the following specimens:

Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA) or yellow top (ACD)
Acceptable: Any anticoagulant
Specimen Volume: 3 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send specimen in original tube.
Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Type: Cultured fibroblasts
Container/Tube: T-75 or T-25 flask
Specimen Volume: 1 Full T-75 or 2 full T-25 flasks
Specimen Stability Information: Ambient (preferred)/Refrigerated <24 hours

Due to the complexity of prenatal testing, consultation with the laboratory is required for all prenatal testing. Prenatal specimens can be sent Monday through Thursday and must be received by 5 p.m. CST on Friday in order to be processed appropriately. All prenatal specimens must be accompanied by a maternal blood specimen. Order MCC / Maternal Cell Contamination, Molecular Analysis on the maternal specimen.

Preferred:
Specimen Type: Amniotic fluid
Container/Tube: Amniotic fluid container
Specimen Volume: 20 mL
Specimen Stability Information: Refrigerated (preferred)/Ambient

Specimen Type: Chorionic villi
Container/Tube: 15-mL tube containing 15 mL of transport media
Specimen Volume: 20 mg
Specimen Stability Information: Refrigerated

Acceptable:
Specimen Type: Confluent cultured cells
Container/Tube: T-25 flask
Specimen Volume: 2 flasks
Collection Instructions: Submit confluent cultured cells from another laboratory.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Type: Skin biopsy
Container/Tube: Sterile container with any standard cell culture media (eg, minimal essential media, RPMI 1640). The solution should be supplemented with 1% penicillin and streptomycin. Tubes can be supplied upon request (Eagle's minimum essential medium with 1% penicillin and streptomycin [Supply T115]).
Specimen Volume: 4-mm punch
Specimen Stability Information: Refrigerated (preferred)/Ambient

Specimen Type: Blood spot
Container/Tube:
Preferred: Collection card (Whatman Protein Saver 903 Paper)
Acceptable: Ahlstrom 226 filter paper, or Supplemental Newborn Screening Card (Supply T493)
Specimen Volume: 2 to 5 Blood Spots on collection card (Whatman Protein Saver 903 Paper; Ahlstrom 226 filter paper; or Supplemental Newborn Screening Card, Supply T493)
Collection Instructions:
1. An alternative blood collection option for a patient >1 year of age is finger stick.
2. Let blood dry on the filter paper at ambient temperature in a horizontal position for 3 hours.
3. Do not expose specimen to heat or direct sunlight.
4. Do not stack wet specimens.
5. Keep specimen dry
Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Type	Temperature	Time
Varies	Varies	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
FBC	CG030	Source: • Autopsy • Chorionic Villi • Products of Conception or Stillbirth	Answer List	No
FBC	CG033	Reason for Referral	Plain Text	No
AFC	CG132	Reason For Referral	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
33580	Specimen	Alphanumeric		N/A
33581	Specimen ID	Alphanumeric		N/A
33582	Source	Alphanumeric		31208-2
33583	Order Date	Alphanumeric		N/A
33584	Reason for Referral	Alphanumeric		42349-1
33585	Method	Alphanumeric		49549-9
33586	Result	Alphanumeric		N/A
33587	Interpretation	Alphanumeric		N/A
33588	Amendment	Alphanumeric		In Process
33589	Reviewed By	Alphanumeric		N/A
33590	Release Date	Alphanumeric		N/A

CPT Code: 1 × 81403

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
FBC	Fibroblast Culture for Genetic Test		Profile	No	Yes
AFC	Amniotic Fluid Culture/Genetic Test		Profile	No	Yes
MCC	Maternal Cell Contamination, B	1	81265	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
FBC	16167	Specimen	Alphanumeric		N/A
FBC	16337	Specimen ID	Alphanumeric		N/A
FBC	CG030	Source	Alphanumeric		31208-2
FBC	16168	Order Date	Alphanumeric		N/A
FBC	CG033	Reason For Referral	Alphanumeric		42349-1

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
FBC	16172	Method	Alphanumeric		49549-9
FBC	16175	Interpretation	Alphanumeric		69965-2
FBC	16176	Amendment	Alphanumeric		In Process
FBC	16177	Consultant	Alphanumeric		N/A
FBC	16178	Report Date	Alphanumeric		N/A
AFC	16179	Specimen	Alphanumeric		N/A
AFC	16338	Specimen ID	Alphanumeric		N/A
AFC	16793	Source	Alphanumeric		31208-2
AFC	16180	Order Date	Alphanumeric		N/A
AFC	CG132	Reason For Referral	Alphanumeric		42349-1
AFC	16184	Method	Alphanumeric		49549-9
AFC	16187	Interpretation	Alphanumeric		69965-2
AFC	16188	Amendment	Alphanumeric		In Process
AFC	16189	Consultant	Alphanumeric		N/A
AFC	16190	Report Date	Alphanumeric		N/A
MCC	23332	Specimen	Alphanumeric		N/A
MCC	23333	Specimen ID	Alphanumeric		N/A
MCC	23334	Source	Alphanumeric		31208-2
MCC	23335	Order Date	Alphanumeric		N/A
MCC	23338	Result	Alphanumeric		40704-9
MCC	23337	Amendment	Alphanumeric		40704-9
MCC	23341	Reviewed By:	Alphanumeric		N/A
MCC	23339	Release Date	Alphanumeric		N/A

Reference Values:

An interpretive report will be provided.