



## **Krabbe Disease, Known Mutation Test ID: GALCK**

**USEFUL FOR:**

- Carrier testing of individuals with a family history of Krabbe disease when a mutation(s) has been identified in an affected family member
- Diagnostic confirmation of Krabbe disease when familial mutations have been previously identified

**METHODOLOGY:** Polymerase Chain Reaction (PCR) Followed by DNA Sequencing Analysis

**REFERENCE VALUES:** An interpretive report will be provided.

**SPECIMEN REQUIREMENTS:** **Specimen must arrive within 96 hours of collection.**  
**Submit only 1 of the following specimens:**

**Preferred:**

**Specimen Type:** Whole blood

**Container/Tube:**

**Preferred:** Lavender top (EDTA) or yellow top (ACD)

**Acceptable:** Any anticoagulant

**Specimen Volume:** 3 mL

**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

All prenatal specimens must be accompanied by a maternal blood specimen. Order MCC/88636 Maternal Cell Contamination, Molecular Analysis on both the prenatal and maternal  
**Due to the complexity of prenatal testing, consultation with the laboratory is required** for all prenatal testing.

**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:** Whatman Protein Saver 903 Paper

**Specimen Volume:** 5 blood spots

**Collection Instructions:**

1. Let blood dry on the filter paper at ambient temperature in a horizontal position for 3 hours.
2. Do not expose specimen to heat or direct sunlight.
3. Do not stack wet specimens.
4. Keep specimen dry.

**Specimen Stability Information:** Ambient (preferred)/Refrigerated

**SPECIMEN STABILITY INFORMATION:**

Specimen Type	Temperature	Time
varies	varies	

**CAUTIONS:**

- The identification of a disease-causing mutation in an affected family member is necessary before testing can be offered for other family members. If a familial mutation has not been previously identified, order GALCS/60696 Krabbe Disease, Full Gene Analysis.
- Analysis is performed for the familial mutations provided only. This assay does not rule-out the presence of other mutations within this gene or within other genes that may be associated with metabolic disease.
- Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Errors in our interpretation of results may occur if information given is inaccurate or incomplete.
- A previous bone marrow transplant from an allogenic donor will interfere with testing. Call Mayo Medical Laboratories for instructions for testing patients who have received a bone marrow transplant.

**LIST FEE:**

\$355.00

One of the following test(s) will be added at an additional charge:

\$289.60 for FUSEQ/82555 DNA Sequence, Follow-up Analysis

\$231.40 for FUPCR/82554 Follow Up PCR

For amniotic fluid specimens, the following test will be added at an additional charge:

\$587.80 for AFC/80334 Amniotic Fluid Culture for Genetic Testing

For chorionic villus specimens, the following test will be added at an additional charge:

\$261.10 for FBC/80333 Fibroblast Culture for Genetic Testing

**CPT CODE:** Krabbe Disease, Known Mutation

83891-Isolation or extraction of highly purified nucleic acid

83912-Interpretation and report

DNA Sequence, Follow-up Analysis

83892-Enzymatic digestion (if appropriate)

83894-Separation by gel electrophoresis (if appropriate)

83898-Amplification, target, each nucleic acid sequence (if appropriate)

83909 x 2-Separation and identification by high-resolution technique (if appropriate)

**Follow Up PCR**

83894-Separation by gel electrophoresis (if appropriate)

83898-Amplification, target, each nucleic acid sequence (if appropriate)

**Amniotic Fluid Culture for Genetic Testing**

88235-Tissue culture for amniotic fluid (if appropriate)

88240-Cryopreservation (if appropriate)

**Fibroblast Culture for Genetic Testing**

88233-Tissue culture, skin or solid tissue biopsy (if appropriate)

88240-Cryopreservation (if appropriate)

**DAY(S) SET UP:** Thursday 10 AM

**ANALYTIC TIME:** 10 days

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or  
Marvin H. Anderson, Jr., MML Laboratory Technologist Resource Coordinator  
Telephone: 800-533-1710