



**MAYO**  
Mayo Medical Laboratories  
1-800-533-1710

## **NEW TEST ANNOUNCEMENT**

**NOTIFICATION DATE:** August 3, 2012

**EFFECTIVE DATE:** August 7, 2012

### **Niemann-Pick Disease, Types A and B, Known Mutation** Test ID: NPDKM

**USEFUL FOR:**

- Diagnostic confirmation of Niemann-Pick disease type A or B when familial mutations have been previously identified
- Carrier screening of at-risk individuals when a mutation in the *SMPD1* gene has been identified in an affected family member

**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

**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

**NOTE:** 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 specimens. **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 5:00 pm CST on Friday** in order to be processed appropriately.

**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:** Blood spot  
**Container/Tube:** Whatman Protein Saver 903 Paper  
**Specimen Volume:** 5 blood spots  
**Specimen Stability Information:** Ambient (preferred)/Refrigerated

**Specimen Type:** Confluent cultured cells (Prenatal)  
**Container/Tube:** T-25 flask  
**Specimen Volume:** 2 flasks  
**Collection Instructions:** Submit confluent cultured cells from another laboratory.  
**Specimen Stability Information:** Ambient (preferred)/Refrigerated

**NOTE:**

- Molecular Genetics-Biochemical Disorders Patient Information Sheet (Supply T527) in Special Instructions
- **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 STABILITY INFORMATION:**

Specimen Type	Temperature	Time
varies	varies	

**CAUTIONS:**

- The identification of a disease-causing mutation in an affected family member is necessary before predictive testing for other family members can be offered. If a familial mutation has not been previously identified, order NPDMS/61117 Niemann-Pick Disease, Types A and B, 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. Any error in the diagnosis or in the pedigree provided to us, including false-paternity, could lead to erroneous interpretation of results.
- 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.

**FEE:** Please contact your Regional Manager for your account's fee information.

**CPT CODE:** Niemann-Pick A-B, Known Mutation

83891-Isolation or extraction of highly purified nucleic acid

83898 x 2-Amplification, target, each nucleic acid sequence

83909 x 4-Separation and identification by high-resolution technique

83912-Interpretation and report

**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)

**Maternal Cell Contamination, B**

83900 x 6-Amplification, target, multiplex, first 2 nucleic acid sequences (if appropriate)

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

83912-Interpretation and report (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