

LYMPHEDEMA SUBMISSION INSTRUCTIONS

Documentation:

Each sample must be accompanied by a completed test request form (TRF). The following information is required:

- Patient information (First name, last name and date of birth)
- Clinical indication or ICD10 code
- Test requested
- Ordering provider information (Name, phone number, fax number, institution)
[Note: Only medical professionals can act as the ordering provider]
- Payment information (check, credit card, PA Medicaid or institutional billing)
- A signed consent form is preferred, but not required.
[If patient is under 18 years of age, the parent or guardian should sign.]

If paperwork is incomplete, the test may be placed on hold until completed information is received.

Sample and Shipping Requirements :

ALL specimens are required to be labeled with:

- Patient name and date of birth
- Date and time of sample collections
[Note: This can also be recorded on the test request form]

Shipping Address:

Genetic Diagnostic Laboratory
University of Pennsylvania
Room 560 Clinical Research Building
415 Curie Boulevard
Philadelphia, PA 19104

Samples that are not correctly labeled will be rejected.

Ship sample via Federal Express or other overnight courier that guarantees delivery before 10.30AM Monday-Friday. There is no one in the laboratory during evenings and weekends to receive samples.

Sending clearly affected tissue increases the sensitivity of testing.

We recommend sending two samples for testing:

- Affected tissue (i.e. skin punch biopsy)
- Unaffected tissue or blood

When sending tissue - please include relevant pathology reports that indicate tissue source and location.

An additional charge will be applied if more than two samples are submitted.

See page 2 for further information about sample requirements.

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Sample Type	Collection Instructions	Shipping and Storage Instructions
Blood *Preferred	Collect blood in EDTA (lavender top) tube. <u>Infants:</u> Two tubes of 2-3 mL (Minimum 1-2 mL) <u>Children and Adults:</u> Two tubes of 3-4 mL	Ship sample overnight at room temperature within one week of collection date. If storing the sample before shipment, please refrigerate (4°C)
DNA (Isolated)	Please call the laboratory to verify the amount of DNA required. When sending isolated DNA, indicate the source and concentration of DNA. Preferred DNA isolation kits include Chemagen (PerkinElmer) and QIAamp (Qiagen).	Ship sample overnight at room temperature.
Saliva/ Buccal Swabs	Collect saliva/ buccal swabs in Oragene kit according to manufacturer's instructions.	Ship sample overnight at room temperature.
For prenatal samples, please call the laboratory (215) 573-9161		

TISSUE

(Please include a copy of pathology report with tissue)

Sample Type	Collection Instructions	Shipping and Storage Instructions
Tissue (Cultured)	2 x T25 Flasks (~80%) confluence. Cultured tissue should be under 3 weeks old. If sending, please indicate how long the sample has been culture and media used.	Ship sample overnight at room temperature.
Tissue (Fresh)	25- 50mg (or 3 mm punch) collected in sterile container with tissue culture media or transport media. Other acceptable forms of media include RPMI, Hanks buffer or saline.	Ship sample overnight at room temperature or with cool packs.
Tissue (Frozen)	25-50mg stored in -80 freezer. Sample can be flash frozen using liquid nitrogen.	Ship sample overnight on dry ice.
Tissue (FFPE)	2 tubes with 5 scrolls/ribbons of 20 micron thickness in each tube. Please ensure that the section contains >90% of the affect tissue cells. <u>This sample type is not preferred. We do not accept tumor slides for testing.</u> NOTE: FFPE tumors can yield an inconclusive result due to the quality of DNA. Specifically, paraffin tumors that have been preserved with picric acid or mercury-containing reagents yield very poor quality DNA.	Ship sample overnight at room temperature.

Examples of tissue our lab has previously tested include skin, vascular malformations, lipomatous lesions, muscle, and brain.