

## SAMPLE 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 :**

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]

**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.

### **Shipping Address:**

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

Sample Type	Collection Instructions	Shipping and Storage Instructions
<b>Blood</b> *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)
<b>Cord Blood</b>	Collect blood in EDTA (lavender top) tube. Two tubes of 3-4 mL. Maternal blood sample (4mL) should be included for maternal cell contamination analysis.	Ship sample overnight at room temperature within 3 days of collection date. If storing the sample before shipment, please refrigerate (4°C)
<b>DNA (Isolated)</b>	<b>Please call the laboratory to verify the amount of DNA required.</b> 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.
<b>Saliva (Oragene)</b>	Collect saliva in Oragene kit according to manufacturer's instructions. <u>This sample type is not preferred.</u>	Ship sample overnight at room temperature.
<b>For prenatal samples, call the laboratory (215) 573-9161</b>		