

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 listed on the test request form]

***Samples that are not correctly labeled will be rejected**

***Samples collected within 14 days of patient receiving blood transfusion or 120 days of receiving chemotherapy will be rejected.**

Shipping Address:

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

Ship sample via Federal Express or other overnight courier that guarantees delivery before 10:30AM Monday-Friday. **NO WEEKEND DELIVERY!**

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)
Cord Blood	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)
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 (Oragene)	Collect saliva in Oragene kit according to manufacturer's instructions. <u>This sample type is not preferred.</u>	Ship sample overnight at room temperature.
For prenatal samples, call the laboratory (215) 573-9161		