

## RETINOBLASTOMA 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 Building  
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!**

See page 2 for further information about sample requirements.

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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, please refer to the "Prenatal Sample Submission Instructions" or call the laboratory (215) 573-9161</b>		

## TUMOR

(High resolution copy number analysis has not been validated on tissue/tumors and cannot be performed at this time)

Sample Type	Collection Instructions	Shipping and Storage Instructions
<b>Tumor (Fresh)</b>	25- 50mg 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.
<b>Tumor (Frozen)</b> *Preferred	25-50mg stored in -80 freezer. Sample can be flash frozen using liquid nitrogen.	Ship sample overnight on dry ice.
<b>Tumor (FFPE)</b>	2 tubes with 5 scrolls/ribbons of 20 micron thickness in each tube. Please ensure that the section contains >90% of the tumor cells. <b>NOTE:</b> 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.