

## UVEAL MELANOMA 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>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.

## TUMOR

Sample Type	Collection Instructions	Shipping and Storage Instructions
<b>Tumor (FNAB)</b>	Fine needle aspirate of ocular tumor collected in HBSS (Hanks Solution) before plaque therapy. Please ensure lid is secured on tube.	Please refrigerate (4°C) sample after collection. Ship sample overnight with cool packs.
<b>Tumor (Frozen)</b>	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. <u>This sample type is not preferred.</u> <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.