Inheritest 14-Gene Panel

Order Name:Inherit 14Test Number:5194940Revision Date:03/21/2023

TEST NAME		METHODOLOGY		LOINC CODE	
Inheritest 14-Gene Panel		Polymerase Chain Reaction			
SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	8.5 mL (3mL)	Whole Blood	ACD Solution A or B (Yellow Top)	Room Temperature	
Alternate 1	8.5 mL (3mL)	Whole Blood	EDTA (Lavender Top)	Room Temperature	
Alternate 2	1	Saliva	Oragene Dx saliva kit	Room Temperature	
Alternate 3	1	Buccal swab	PurFlock buccal swab kit	Room Temperature	
Instructions	Specimen Volume: 8.5 mL whole Mininum Volume: 3 mL whole b Collection: Standard phlebotomy chew gum 30 min prior to collecti Specimen Storage: Maintain spe Special Instructions: Males are	 cimen Type: Whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit cimen Volume: 8.5 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit num Volume: 3 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit ection: Standard phlebotomy. Follow PurFlock buccal swab kit or Oragene Dx 500 saliva kit collection instructions. Do not eat, drink, smoke, or v gum 30 min prior to collection. cimen Storage: Maintain specimen at room temperature or refrigerate at 4C Do not freeze. cial Instructions: Males are not tested for x-linked disorders, including fragile X syndrome. Test orders must include an attestation that the ider has the patient's informed consent for genetic testing. 			
GENERAL INFORMATION Expected TAT 14 - 21 days In some cases, additional time may be required for confirmatory or reflex tests.					
Performing Labcorp Tes Code	st 481797	481797			
Notes	Clinical Questionnaire	Clinical Questionnaire for Inheritest® Carrier Screen and GeneSeq® PLUS			
Lab Section	Reference Lab				