Inheritest High Frequency

Order Name: Inherit HF Test Number: 5194941 Revision Date: 03/21/2023

TEST NAME		METHODOLOGY		LOINC CODE	
Inheritest High Frequen	су	Polymerase Chain Reaction			
SPECIMEN REQUIREM	IENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	8.5 mL (3 mL)	Whole Blood	ACD Solution A or B (Yellow Top) Room Temperature	
Alternate 1	8.5 mL (3 mL)	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	
	Mininum Volume: 3 mL whole bl Collection: Standard phlebotomy chew gum 30 min prior to collectio Specimen Storage: Maintain spe Special Instructions: Males are	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 INFORMATI					
Expected TAT	14 - 21 days In some ca	14 - 21 days In some cases, additional time may be required for confirmatory or reflex tests.			
Clinical Use	ANO10, ARSA, ARX, AS CLCN1, CLRN1, CNGB3 ERCC2, EVC2, F9, FAH HBA2, HBB, HEXA, HP3 NPHS1, NR0B1, OCA2,	This test includes the following genes: ABCA3, ABCC8, ABCD1, ACADM, ACADVL, ACAT1, AGA, AGXT, AHI1, AIRE, ALDOB, ALPL, ANO10, ARSA, ARX, ASL, ASPA, ATP7B, BBS1, BBS2, BCKDHB, BLM, BTD, CBS, CC2D2A, CCDC88C, CEP290, CFTR, CHRNE, CLCN1, CLRN1, CNGB3, COL7A1, CPT2, CYP11A1, CYP21A2, CYP27A1, CYP27B1, DHCR7, DHDDS, DLD, DMD, DYNC2H1, ELP1, ERCC2, EVC2, F9, FAH, FANCC, FKRP, FKTN, FMO3, FMR1, G6PC1, GAA, GALT, GBA, GBE1, GJB2, GLA, GNPTAB, GRIP1, HBA1, HBA2, HBB, HEXA, HPS1, HPS3, IDUA, L1CAM, LRP2, MCCC2, MCOLN1, MCPH1, MID1, MLC1, MMACHC, MMUT, MVK, NAGA, NEB, NPHS1, NR0B1, OCA2, OTC, PAH, PCDH15, PKHD1, PLP1, PMM2, POLG, PRF1, RARS2, RNASEH2B, RPGR, RS1, SCO2, SLC19A3, SLC26A4, SLC37A4, SLC6A8, SMN1, SMPD1, TF, TMEM216, TNXB, TYR, USH2A and XPC.			
Performing Labcorp Tes Code	st 481816				
Notes	Clinical Questionnaire	Clinical Questionnaire for Inheritest® Carrier Screen and GeneSeq® PLUS			
Lab Section	Reference Lab	Reference Lab			