## Sickle Cell, Fetal Analysis

Order Name: Sickle Cell Fetal Test Number: 5194951 Revision Date: 07/17/2023

TEST NAME		METHODOLOGY		LOINC CODE	
Sickle Cell, Fetal Analysi	S	Polymerase Chain Reaction			
SPECIMEN REQUIREM	ENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	4 mL (3 mL)	Amniotic Fluid	Sterile Screwtop Container	Room Temperature	
Alternate 1	See Instructions	See Instructions	See Instructions	Room Temperature	
Instructions	submitted; additional culture fee m Specimen Volume: Amniotic fluid fluid or CVS are cultured at anothe Mininum Volume: Amniotic fluid: Collection: Standard sterile technic contamination. Specimen Storage: Maintain spe **THIS TEST IS FOR FETAL TES numbers should call 800-345-4363 255-7357 to speak with a laborato family members may be required.	ecimen Type: Amniotic fluid or chorionic villus sample (CVS) or cultured cells or cordblood. Direct amniotic fluid or CVS specimen may be omitted; additional culture fee may be applied. ecimen Volume: Amniotic fluid: 10 mL or CVS: 10 mg or amniotic fluid and CVS culture: one confluent T-25 flask or 4 mL cordblood. If amniotic d or CVS are cultured at another facility, please maintain back-up cultures. ninum Volume: Amniotic fluid: 10 mL or CVS: 10 mg or amniotic fluid and CVS culture: one confluent T-25 flask or 3 mL cordblood llection: Standard sterile techniques. Transfer aseptically to sterile tubes. Amniotic fluid: Discard first 2mL of fluid aspirated to avoid maternal cell ntamination. ecimen Storage: Maintain specimen at room temperature. Do not freeze. THIS TEST IS FOR FETAL TESTING ONLY** It is not intended for routine sickle cell screening. Labcorp clients with 8 digit client account mbers should call 800-345-4363 and Labcorp Genetics & Women's Health clients with 6 digit client /subclient account numbers should call 800- 5-7357 to speak with a laboratory genetic coordinator before collecting specimens. In some circumstances, specimens from both parents and other nily members may be required. All fetal specimens, including cordblood, must be accompanied by a maternal blood, PurFlock buccal swab kit or agene Dx 500 saliva kit for maternal cell contamination (MCC). A separate requisition should be submitted with the maternal specimen.			
GENERAL INFORMATIC	DN				
Expected TAT	8 - 14 days If culture is n	8 - 14 days If culture is needed, an additional 14-21 days may be required.			
Clinical Use	capillary gel electrophore	sis and fluorescence detect	IbC (c.19G>A, p.Glu7Lys) pathogenic variant ion. Maternal cell contamination analysis (MC eaction (PCR) and capillary electrophoresis		
Performing Labcorp Test	t 482091				

Code			
Notes	Labcorp Test Code: 482091		
CPT Code(s)	81361		
Lab Section	Reference Lab		