

University Children's Genetics Laboratory, A Division of ProGene, Inc.  
Molecular Genetics Section

**SPECIMEN REQUIREMENTS AND SHIPPING INSTRUCTIONS FOR MOLECULAR TESTS**

**I. WHOLE BLOOD**

- A. **Please note:** Whole blood specimens collected from patients within 90 days of a transfusion are not acceptable and will not be tested. No other special patient preparation is necessary for specimen collection.
- B. Submit **8-10 ml** of blood sample collected in EDTA (purple top) or ACD (yellow top) tube.
- C. A **minimum volume** of **5 mL** is required for all molecular tests.
- D. Ship the vials at room temperature by courier or overnight mail.
- E. If the specimen will not be sent immediately, please **refrigerate** until shipping.

**II. CHORIONIC VILLI OR AMNIOTIC FLUID CELLS**

- A. Please call the Molecular Genetics section at (818) 548-0999 to discuss the prenatal test, **before sending samples.**
- B. We require 3-4 T25 flasks of confluent cultured cells depending on the requested test. Fill flasks completely with medium prior to shipping at room temperature via overnight mail or courier.
- C. All prenatal tests require parental blood in order to rule out maternal cell contamination.
- D. As part of a CAP requirement, for all prenatal tests we will send a follow-up letter asking for an additional sample for confirmation study. Please try to accommodate this request whenever possible.

**III. MUSCLE TISSUE**

- A. Submit at least **50 mg** of muscle biopsy tissue (approximately 3 – 5 mm in each dimension).
- B. Store tissue at -70°C.
- C. Ship specimen on dry ice via overnight courier.

**IV. OTHER SPECIMEN**

- A. Some of our PCR based analyses may be performed on other specimen samples. These are:
  - 1. Cultured skin fibroblasts.
  - 2. Extracted DNA with good quality (concentration and amount must be discussed with laboratory director before the specimen is shipped).

**V. INFORMED CONSENT**

- A. We request that, when the patient or a legal guardian is available, an informed consent form be completed and signed. This form should accompany the test request slip.
- B. **Prenatal diagnostic tests will not be performed without a signed consent form.**

**VI. BILLING INFORMATION**

- A. **Direct patient or client payment** by valid checks or cashier checks.
  - 1. Checks must be made payable to "University Children's Genetics Lab" or "Progene, Inc."
  - 2. For **non US** clients: **Payment must be included with the specimen.** Checks must be drawn on a US bank in US dollars.
- B. **Billing of the referring medical center or laboratory (USA clients ONLY).**
  - 1. Read and sign the service contract, and fax a copy to (818) 548-1555.
  - 2. The original signed contract must be mailed to us as soon as possible or may accompany the specimen.
- C. University Children's Genetics Lab **does not accept any type of health insurance**, Medi-Cal, Medicaid, or Medicare as a payment method.

