

Medical Genetics
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Test: Postnatal/Congenital DNA Analysis - Blood / Tissue / Buccal Smear
Molecular Genetic Testing

Purpose of Test: To identify specific DNA anomalies that are specifically associated with a genetic defect and/or clinical syndrome.

Specimen Required: Please provide indications for testing on our referral form with each specimen. Label each sample with the individual's full name. Accurate testing and interpretation may otherwise be compromised. Include the appropriate requisition form and billing instructions

SUBMIT 1 OF THE FOLLOWING SPECIMENS:

Blood

- Draw 2 lavender-top (EDTA) tubes or 2 yellow-top (ACD) tubes of whole blood (10 mL) and send in the original VACUTAINERS.
- Invert several times to mix blood.
- Forward unprocessed whole blood promptly at ambient temperature.

Tissue

- Obtain 200 mg of tissue.
- Specimen must be frozen within 1 hour of collection.
- Send specimen frozen in plastic container

Buccal Smear

- Patient should rinse out mouth vigorously with water before obtaining specimen.
- Remove the Cyto-Pak Brush from the container; touch only the "stick" end.
- Using MEDIUM pressure, swab inside of cheek with a Cyto-Pak Brush by rapidly rotating bristles across cheek surface for 10 seconds.
- Place brush back into the original container, re-cap, and seal with tape.
- Repeat collection of specimen from the other cheek.

Average Turn around Time 1-2 weeks from receipt of specimen is typical.

CPT Code Information:

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| 83891 | DNA extract-purify |
| 83892 | Enzyme digestion |
| 83894x2 | Electrophoresis |
| 83896 | Nucleic acid probe, each |
| 83898 | Amplification of nucleic acid, each primer |
| 83897 | Nucleic acid transfer |
| 83912 | Interpretation and report |