



**PATIENT PREPARATION**

Refer to collection facility's procedures for patient preparation requirements.

**SPECIMEN COLLECTION**

Specimen Type	Volume	Container	Storage Conditions	Special Instructions
Amniotic Fluid	10 mL of whole fluid	Sterile Centrifuge Tube	Room Temperature: 20-22°C	Do Not Freeze
Bone Marrow	Adult: 2-5 mL Child ≥8 days: 2-5 mL Newborn: 1-2 mL	EDTA Tube	Room Temperature: 20-22°C or Refrigerated Temperature: 2-8°C	Do Not Freeze Invert Tube 4-8 Times to Prevent Clots
Chorionic Villi	>10 mg of Villi	Sterile Centrifuge Tube with Transport Media	Room Temperature: 20-22°C	Do Not Freeze
Extracted DNA	2 µg DNA	DNA RNase-free Microcentrifuge Tube	Refrigerated Temperature: 2-8°C	
Fixed Pellets	Pellet must be visible	Sterile Centrifuge Tube With 3:1, Methanol: Acetic Acid	Refrigerated Temperature: 2-8°C	Pellet should not be older than 1 week
Peripheral Blood	Adult: 2-5 mL Child ≥8 days: 2-5 mL Newborn: 1-2 mL	EDTA Tube	Room Temperature: 20-22°C or Refrigerated Temperature: 2-8°C	Do Not Freeze Invert Tube 4-8 Times to Prevent Clots
Products of Conception	>10 mg of Villi, Placenta, Placental Membrane, or Fetal Tissue	Sterile Specimen Cup or Centrifuge Tube with Sterile Saline or Transport Media (RPMI)	Room Temperature: 20-22°C or Refrigerated Temperature: 2-8°C	Do Not Freeze Do Not add Formalin

**Special Instruction: Specimens for RNA based tests (PCR BCR/ABL1 p210 and p190) must be received in the lab within 72 hours of collection.**

**Isolated or Extracted Nucleic Acid Acceptance Policy:** Genetics Associates, Inc. only accepts nucleic acid for clinical testing that was isolated or extracted in a CLIA-certified laboratory or a laboratory meeting equivalent requirements as determined by the CAP and/or the CMS.

**SPECIMEN COLLECTION AND TRANSPORTATION**

- Clearly label each specimen with patient name and one other unique identifier such as date of birth or medical record number.
- Call Genetics Associates, Inc. at 615-327-4532 for pick-up in the greater Nashville area.
- Federal Express overnight shipment will be provided for all outlying areas.
- Mark the "Saturday Delivery" box on the FedEx air bill for all samples shipped on Friday.
- Send samples with a cold pack during warmer weather to ensure specimen integrity. (Use frozen cold pack for specimens requesting PCR)
- **Refer to the Genetics Associates website for complete specimen collection guide. [www.geneticsassociates.com](http://www.geneticsassociates.com)**

**USE OF SPECIMENS**

Genetics Associates, Inc. may retain patient samples (specimens) for validation, educational purposes and/or research. All patient information is maintained as confidential and secure. Any patient samples which are retained by Genetics Associates, Inc. are de-identified and all individually identifiable patient information is removed before samples are used for research.

By marking the box below, you may decline research use and it will not impact the services to you by Genetic Associates, Inc. diagnostic testing/reports. Unless you mark the box below, you consent to the use of your de-identified patient sample for the limited purposes described above.

I am checking this box to indicate that the sample may **NOT** be used for validation, educational purposes and/or research. Patient initials: \_\_\_\_\_

My Address is \_\_\_\_\_

My Telephone Number is \_\_\_\_\_ My email address is \_\_\_\_\_

Signature of Patient /Responsible Party **(Required)** \_\_\_\_\_ Date **(Required)** \_\_\_\_\_

\_\_\_\_\_  
Relationship to Patient **(Required)**