INSTRUCTIONS FOR PRENATAL SAMPLE SUBMISSION

**Please call the laboratory prior to sending a prenatal sample.**

Documentation:
Each sample must be accompanied by:
1. A request form for DNA analysis completed by the physician, nurse or genetic counselor requesting screening. **Please note:** ICD-10 code is required for billing purposes. If ICD-10 code is unknown, please provide patient’s clinical symptom(s) or family history that prompted testing.
2. A completed registration form with check, money order, credit card authorization or information for billing the referring institution.
3. An informed consent signed by the patient (if under 18 years of age, the parent or guardian should sign) and the professional obtaining the consent. Please have the patient initial at the top of each page and send all pages of the consent.
4. A verification of blood tubes form signed by the patient, parent or guardian. The form should be signed at the time of the blood draw (optional).
5. The patient’s pedigree to include three generations, if possible.

IN THE EVENT THAT ALL PROPERLY COMPLETED FORMS DO NOT ACCOMPANY THE SPECIMEN, YOU WILL BE NOTIFIED, AND TESTING WILL BE HELD UNTIL PAPERWORK IS COMPLETE

Sample Requirements for a Prenatal Sample:

- Prenatal sample:
  - Cultured CVS: 2 confluent T-25 flasks
  - Cultured amniotic fluid: 2 confluent T-25 flasks
  - Direct CVS: 10 mg - Please arrange for back up cultures if sending a direct CVS
  - Direct amniotic fluid: 10-15 mL - Please arrange for back up cultures if sending a direct amnio
- Maternal cell contamination analysis:
  - 5mL of whole blood from each parent (maternal AND paternal)
  - Label each tube with the patient’s name, date of birth and date sample was obtained
  - We accept banked or recently extracted DNA; please include the concentration.

Shipping Sample:
Ship at room temperature via Federal Express or other overnight courier that guarantees AM delivery to arrive Monday-Friday. There is no one in the laboratory evenings and weekends to receive samples. If sample is drawn on a Friday, please refrigerate it until shipment on the following business day.

Shipping Address:
Genetic Diagnostic Laboratory
University of Pennsylvania
415 Anatomy-Chemistry Building
3620 Hamilton Walk
Philadelphia, PA 19104

For ALL prenatal requests, please contact the laboratory prior to sending a sample.

Phone: 215-573-9161
Email: gdllab@mail.med.upenn.edu