

Inheritest 100 PLUS Panel

Order Name: **Inherit 100P**
Test Number: 5194942
Revision Date: 03/21/2023

TEST NAME	METHODOLOGY	LOINC CODE
Inheritest 100 PLUS Panel	Polymerase Chain Reaction	

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	8.5 mL (3 mL)	Whole Blood	ACD Solution A or B (Yellow Top)	Room Temperature
Alternate 1	8.5 mL (3 mL)	EDTA Whole Blood	EDTA (Lavender Top)	Room Temperature
Alternate 2	1	Saliva	Oragene Dx saliva kit	Room Temperature
Alternate 3	1	Buccal swab	PurFlock buccal swab kit	Room Temperature
Instructions	Specimen Type: Whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit Specimen Volume: 8.5 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit Mininum Volume: 3 mL whole blood or PurFlock buccal swab kit or Oragene Dx saliva kit Collection: Standard phlebotomy. Follow PurFlock buccal swab kit or Oragene Dx 500 saliva kit collection instructions. Do not eat, drink, smoke, or chew gum 30 min prior to collection. Specimen Storage: Maintain specimen at room temperature or refrigerate at 4C Do not freeze. Special Instructions: Males are not tested for x-linked disorders, including fragile X syndrome. Test orders must include an attestation that the provider has the patient's informed consent for genetic testing.			

GENERAL INFORMATION	
Expected TAT	14 - 21 days In some cases, additional time may be required for confirmatory or reflex tests.
Clinical Use	This test includes the following genes: ABCC8, ACADM, ACADVL, ACAT1, ADA, ADAMTS2, AGA, AGL, AGXT, ALDH3A2, ALDOB, ALPL, AMT, ARSA, ARSB, ASL, ASPA, ASS1, ATM, ATP7B, BBS1, BBS10, BBS2, BCKDHA, BCKDHB,BCS1L, BLM, CBS, CFTR, CLN3, CLN5, CLN8, CLRN1, COL4A3, CPS1, CPT2, CTNS, CTSA, DHCR7, DHDDS, DLD, DMD, DPYD, ELP1, ERCC5, ETHE1, FAH, FANCC, FKTN, FMR1, FOXRED1, FUCA1, G6PC1, GAA, GALT, GALNS, GALT, GAMT, GBA, GCDH, GLB1, GLDC, GNPTAB, GNS, GRHPR, GSS, GUSB, HADHA, HBA1, HBA2, HBB, HEXA, HEXB, HGSNAT, HLCS, HMGCL, HSD17B4, IDS, IDUA, IL2RG, LAMA3, LAMB3, LAMC2, LRPPRC, MAN2B1, MANBA, MCOLN1, MEFV, MMAA, MMAB, MMACHC, MMUT, MPL, MTTP, NAGLU, NBN, NDUFAF2, NDUFS4, NDUFS7, NDUFV1, NEB, NEU1, NPC1, NPC2, NPHS1, NPHS2, OTC, PAH, PCCA, PCCB, PCDH15, PDHA1, PEX1, PEX10, PEX12, PEX2, PEX26, PEX6, PEX7, PHGDH, PKHD1, PMM2, PPT1, RMRP, SACS, SGSH, SLC12A6, SLC17A5, SLC22A5, SLC25A20, SLC26A2, SLC35A3, SLC37A4, SMN1, SMPD1, SUMF1, SURF1, TMEM216, TPP1, TTPA, VPS13B, XPA and XPC.
Performing Labcorp Test Code	481855
Notes	Clinical Questionnaire for Inheritest® Carrier Screen and GeneSeq® PLUS
Lab Section	Reference Lab