

Microarray: ORAcollect Sponge (saliva) DNA Extraction Kits

Date: June 16th, 2023

Effective Date: July 1st, 2023

The MicroarrayCGH Laboratory will be offering ORAcollect sponge kits for the collection of saliva for DNA extraction and genetic testing on pediatric and adult patients.

This kit will be less traumatic for the patients and also convenient for the parents in collecting samples.

Test code: MACGH (Chromosome Microarray Analysis)
MASNP (Microarray Single Nucleotide Polymorphism)

Specimen Collection: Collect **2** ORAcollect Swab (saliva) samples per patient and store at room temperature.

ORAcollect-DX (OCD-100) collection swab for adult patients

ORAcollect for Pediatrics (OC-175) collection swab for pediatric patients

<p>SPECIMEN TYPE</p> <p><input type="checkbox"/> Amniotic Fluid - Call for Requirements (585) 275-1784</p> <p><input type="checkbox"/> CVS - Call for Requirements (585) 275-1784</p> <p>Date of Ultrasound ____ / ____ / ____ GA on Date of Ultrasound ____ weeks ____ days</p> <p><input type="checkbox"/> Peripheral Blood (URMC) <small>Lowlander/Green Top/RTemp (2-5 mL)</small></p> <p><input checked="" type="checkbox"/> 2 OraCollect saliva swabs for DNA (Room Temp)</p> <p><input type="checkbox"/> POC <small>Sterile Container/Media/Refrig</small></p> <p>INDICATION</p> <p><input type="checkbox"/> Abnormal Maternal Serum/First Trimester Screen - specify _____</p> <p><input type="checkbox"/> Abnormal Ultrasound</p> <p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Constitutional Abnormality</p>	<p>GENETIC TESTING *Patient Consent Required</p> <p>CYTOGENETICS</p> <p>TEST(S)</p> <p><input type="checkbox"/> (25789) Chromosome Analysis (Karyotype)</p> <p><input type="checkbox"/> (16807) FISH N* (Specify _____)</p> <p><input type="checkbox"/> RESTRICTED TEST (REQUIRES AUTHORIZED PHYSICIANS SIGNATURE)</p> <p>MICROARRAY CGH</p> <p><input type="checkbox"/> 4 X 180K + SNP (CNV Platform)</p>
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For questions or assistance, please contact Dr. Iqbal by any of the methods listed below.

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