Reporting Title: Spinobulbar Musc Atrophy, Kennedy's
Performing Location: Rochester

Shipping Instructions:
Specimen preferred to arrive within 96 hours of draw.

Specimen Requirements:
Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.
Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA) or yellow top (ACD)
Acceptable: Any anticoagulant
Specimen Volume: 3 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send specimen in original tube.

Forms:
1. New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file. The following documents are available in Special Instructions:
   - Informed Consent for Genetic Testing (T576)
   - Informed Consent for Genetic Testing-Spanish (T826)
2. Molecular Genetics: Neurology Patient Information in Special Instructions
3. If not ordering electronically, complete, print, and send a Neurology Specialty Testing Client Test Request (T732) with the specimen.

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varies</td>
<td>Ambient (preferred)</td>
<td>0 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>0 hours</td>
<td></td>
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<tr>
<td></td>
<td>Refrigerated</td>
<td>0 hours</td>
<td></td>
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</tbody>
</table>

Supplemental Report:
No

CPT Code Information:
81204-AR (androgen receptor) (eg, spinal and bulba muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)

Reference Values:
Normal alleles: 11-34 CAG repeats
Abnormal alleles: 36-62 CAG repeats
An interpretive report will be provided.