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**Reporting Title:** UGT1A1 Full Gene Sequencing**Performing Location** Rochester**Ordering Guidance:**

If analysis of only the UGT1A1 promoter TA repeat region (\*28, \*36, \*37 alleles) is desired, see U1A1Q / UDP-Glucuronosyl Transferase 1A1 TA Repeat Genotype, UGT1A1, Varies.

**Shipping Instructions:**

If submitting microtube, place inside a larger tube or vial for transport.

**Necessary Information:**

[UGT1A1 Gene Testing Patient Information](#) (T664) is recommended, but not required, to be filled out and sent with the specimen.

**Specimen Requirements:**

Multiple whole blood EDTA tests can be performed on a single specimen after a single extraction. See [Multiple Whole Blood EDTA Genotype Tests](#) in Special Instructions for a list of tests that can be ordered together.

**Patient Preparation:** A previous bone marrow transplant from an allogenic donor or a recent (ie, <6 weeks from time of sample collection) heterologous blood transfusion will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

**Submit only 1 of the following specimens:**

**Specimen Type:** Whole blood

**Container/Tube:**

Adults: Lavender top (EDTA)

Pediatrics: Purple microtube

**Specimen Volume:**

Adults: 3 mL

Pediatrics: 1 mL

**Collection Instructions:**

1. Invert several times to mix blood.
2. Send specimen in original tube. **Do not aliquot.**

**Specimen Stability Information:** Ambient (preferred) 9 days/Refrigerated 30 days

**Specimen Type:** Saliva

**Patient Preparation:** Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.

**Supplies:** Saliva Swab Collection Kit (T786)

**Container/Tube:** Saliva Swab Collection Kit

**Specimen Volume:** One swab

**Collection Instructions:** Collect and send specimen per kit instructions.

**Specimen Stability Information:** Ambient 30 days

**Specimen Type:** Extracted DNA

**Container/Tube:** 2 mL screw top tube

**Specimen Volume:** 100 mcL (microliters)

**Collection Instructions:**

1. The preferred volume is 100 mcL at a concentration of 50 ng/mcL.
2. Include concentration and volume on tube.

**Specimen Stability Information:** Frozen (preferred)/Ambient/Refrigerated

**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. [UGT1A1 Gene Testing Patient Information](#) (T664) is requested but not required. See Special Instructions.

3. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-[Oncology Test Request](#) (T729)

-[Therapeutics Test Request](#) (T831)

Specimen Type	Temperature	Time	Special Container
Varies	Varies (preferred)	0 hours	

**Supplemental Report:**

No

**CPT Code Information:**

81404

**Reference Values:**

An interpretive report will be provided.