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)

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td>Varies</td>
<td>Varies (preferred)</td>
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**Supplemental Report:**

No

**CPT Code Information:**

81404

**Reference Values:**

An interpretive report will be provided.