

# Anemia ID Specimen Requirements

Test	Acceptable sample type	Saliva	EDTA
Hereditary anemia sequencing panel	Saliva*/Whole Blood EDTA	Y	Y
Pyruvate kinase enzyme activity	Whole Blood EDTA	N	Y

\*Saliva will not allow for enzyme testing if ordered

If ordering both tests, please provide two blood samples. Refer to the collection instructions for each test. Ship overnight with Cool Pack.

Sample types	Code	Requirements	
		HA Sequencing panel	Pyruvate kinase enzyme activity
Whole blood EDTA (purple top)	WB	<b>Collection container(s):</b> EDTA (purple top) <b>Collection and processing instructions:</b> Infants (< 2-years): 2 to 3 mL; Children (>2-years): 3 to 5 mL; Older children and adults: Minimum 5mL required. <b>Preferred sample condition:</b> Store at ambient temperature. Do not refrigerate or freeze. <b>Shipping instructions:</b> Ship overnight at ambient temperature ensuring receipt within 5-days of collection. <b>Comments:</b> Clotted or hemolyzed samples are not accepted.	<b>Collection container(s):</b> EDTA (purple top) <b>Collection and processing instructions:</b> 6mL <b>Preferred sample condition:</b> Refrigerated <b>Shipping instructions:</b> Ship overnight with Cool Pack. Please reference Cool Pack handling instructions included in the sample pack. <b>Comments:</b> Clotted or hemolyzed samples are not accepted.
Saliva (cannot be used for enzyme assay)	SV	<b>Collection container(s):</b> Oragene™ Saliva Collection Kit <b>Collection and processing instructions:</b> Collect saliva on an Oragene™ saliva collection kit according to the manufacturer’s instructions. <b>Preferred sample condition:</b> Store at ambient temperature. Do not refrigerate or freeze. <b>Shipping instructions:</b> Ship overnight at ambient temperature.	

**Notes for sample preparation and shipping:**

- Label specimen legibly with the following information, ensuring the identifiers on the specimen match the same information on the requisition:
  - Patient name (first and last)
  - Unique identifying number
- This number may be the patient’s date of birth or medical record number
- Fill out the Test Requisition Form completely, including patient, facility, clinician demographics, specimen and clinical information. Please include ALL relevant clinical information, the referring diagnosis, the clinician’s NPI number and the corresponding ICD-10 codes. Please be sure to provide accurate contact information on the TRF as it will be used for communication of results
- Place the specimen, Requisition Forms, and any additional information in the shipping container. Failure to perform this step will likely result in delay of testing.
- Ship the sample within 5 days with overnight delivery. Whole blood samples should be shipped with Cool Packs when Pyruvate Enzyme Activity is ordered. Otherwise, ship samples at room temperature.
- Specimens should be sent per the shipping label included in the provided Revvity kit or using your preferred carrier. To assist in this process, the contact information for the major carriers is below:
  - Federal Express: 1-800-GO-FEDEX (800-463-3339)
  - UPS: 1-800-PICK-UPS (800-742-5877)
- Ship specimens to: Revvity Omics, 250 Industry Drive, Suite 400, Pittsburgh, PA 15275

For general questions on the collection and return of sample results, please call: Revvity at +1 (866) 354-2910 (Monday - Friday, 8:00 AM - 8:00 PM EST) or by emailing [genomics@revvity.com](mailto:genomics@revvity.com)

