

## **UBA1 Mutation Quantitative Detection, VEXAS syndrome, Droplet Digital PCR, Varies**

**Test ID:** UBA1Q

**Explanation:** Effective immediately, this test will become temporarily unavailable to **New York State clients only**. An update will be provided when testing is able to resume.

**Recommended Alternative Test:**

## **MayoComplete Myeloid Neoplasms, Comprehensive OncoHeme Next-Generation Sequencing, Varies**

**Test ID:** NSGHM

**Methodology:**

Next-Generation Sequencing (NGS)

**Specimen Requirements:**

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

**Preferred Specimen Type: Bone marrow aspirate**

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Green top (sodium heparin)

Specimen Volume: 2 mL

Collection Instructions:

1. Invert several times to mix bone marrow.
2. Send bone marrow specimen in original tube. Do not aliquot.
3. Label specimen as bone marrow.

Specimen Stability: Ambient (preferred)/Refrigerate

Specimen Type: Whole blood

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Green top (sodium heparin)

Specimen Volume: 3 mL

**Collection Instructions:**

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. Do not aliquot.
3. Label specimen as blood.

Specimen Stability: Ambient (preferred)/Refrigerate

Specimen Type: Extracted DNA from blood or bone marrow

Container/Tube: 1.5- to 2-mL tube with indication of volume and concentration of the DNA

Specimen Volume: Entire specimen

Collection Instructions: Label specimen as extracted DNA and source of specimen

Specimen Stability: Frozen (preferred)/Refrigerate/Ambient

**Specimen Stability Information:**

Specimen Type	Temperature	Time
Varies	Varies	14 days

**CPT Code:** 81450

**Day(s) Performed:** Monday - Friday

**Report Available:** 16-21 days

**Questions**

Contact Connie Penz, Laboratory Resource Coordinator at 800-533-1710.