

Beth Israel Deaconess Medical Center Cytogenetics Laboratory For Fanconi Anemia Testing 330 Brookline Avenue, Boston MA02215

Director of Cytogenetics & Genomics

Ulrike Kappes, MD, PhD ukappes@bidmc.harvard.edu

Cytogenetics Supervisor: Zi Wang, BS, ASCP(CG) Tel: 617-667-3403

zwang3@bidmc.harvard.edu

Cytogenetics Laboratory: Tel: 617-667-3018 / 617-667-3403, Fax: 617-667-3404

Molecular Pathology Manager

xxu3@bidmc.harvard.edu

Xiang Xu, MD, PhD

Annie Cheng BS, ASCP (M,SV)

Director of Molecular Hematopathology

Tel: 614-667-1456

acheng@bidmc.harvard,edu

FANCONI ANEMIA - CHROMOSOME BREAKAGE TEST FOR PERIPHERAL BLOOD SUBMISSION INSTRUCTIONS

This instruction is for locations outside the BILH network.

Website: https://www.bidmc.org/centers-and-departments/pathology

Note: For locations within the BILH network, please refer to the EPIC procedure catalog for submission details.

- 1. Notify the laboratory by phone (# 617-667-3018 / 617-667-3403) before sending the specimen via the courier service or by overnight mail.
- 2. Sample is processed twice a week on Tuesday and Friday afternoon. Peripheral blood should be drawn within 24 hours before sending to the laboratory for processing. We recommend sample to be drawn on Monday and Thursday for overnight shipment. Sample drawn on Tuesday and Friday morning should arrange same day delivery to be received at our laboratory latest by 1 p.m.
- 3. Complete the patient, referring physician and hospital/practice billing information as indicated on the requisition form.
- 4. The charge for the Chromosome Breakage Test will be billed directly to the referring physician or hospital.
- Draw 5 ml blood and transfer into a sodium heparin (green top) tube. Cap the tube securely. 5. **Note:** *DO NOT use a lithium heparin tube.*
- Label the tube with the patient's full name, date of birth and/or social security number, specimen collection date 6. and collector's initials.
- 7. A completed requisition must be included with the sample. The requisition form can be requested by phone or downloaded from the web site: https://www.bidmc.org/centers-and-departments/pathology
- For same day delivery via courier service: 8.
 - Place the sample and the requisition in a specimen collection bag and label with our delivery address as listed below.
 - Transport the sample at ROOM TEMPERATURE and drop off the sample at the Lab Control reception b. at BIDMC.
- 9. For overnight delivery via express mail:
 - a. Check with FedEx safety requirements in shipping blood samples. Carefully pack the sample and the requisition in an insulated container to prevent any damage of the sample during transit.
 - b. Samples should be sent at **ROOM TEMPERATURE** via FedEx Priority overnight to the mailing address below:

Mailing address:

Attn:

Cytogenetics Lab – Fanconi Anemia **Beth Israel Deaconess Medical Center** Lab Control, Finard Rm 305 330 Brookline Ave. Boston MA 02215