California Department of Public Health
Genetic Disease Screening Program

850 Marina Bay Parkway, F175, Richmond, CA 94804 ● Phone 510/412-1453 ● Fax 510/412-1564

California Newborn Screening Pilot for Severe Combined Immune Deficiency (SCID)

Special Instructions for Confirmatory Testing

1. **Confirm Patient Information on Test Requisition Form; make corrections if needed.**
2. **Collect 1.5 ml. whole blood in lavender top EDTA tube. Invert gently to mix**
3. **Label tube with infant's name, date and time of collection.**
4. **Avoid hemolysis:**
   - ***Do not* spin down or wash cells**
   - ***Do not* refrigerate or freeze**
   - **Keep away from heat and light**
5. **Place in appropriate mailing container for shipping whole blood specimen at ambient temperatures.**
6. **A mailer will be provided via overnight mail, if none is available at your facility.**
7. **Include requisition form in container with specimen.**
8. **Affix GSO mailing label addressed to Quest Laboratory (included here).**
9. **If GSO is your usual courier, send specimen with the next pick-up.**
10. **If GSO is not your courier, take specimen container with label affixed to nearest GSO drop box. GSO drop box locations are available at http://www.GSO.com.**
    - ***Do not* use drop box after last pick-up at that location for the day to avoid overheating.**
    - **Keep specimen at room temperature in hospital lab until the following day; take it to GSO drop box, preferably before first pick-up of the day.**

There is no charge for this test, which is part of NBS follow-up.

Requesting Physician's Name: Jennifer Puck, MD/Sean McGhee, MD

If <u>any</u> questions arise about sample handling, or other issues, contact one of the following: Jerry Ramirez at 800-642-4657 X4439, the Biochemical Genetics Lab X4817, Dr. Neidich X4936 or Dr. Naides X4578.

If there are other questions or concerns, call Doris Bryant, RN, PNP at 510-412-1453 or Heidi Lerner, RN at 510-412-1486.