

17	SMA Silent Carrier Analysis Test Code : 8392804 - Genetic Diagnosis Tests			
	Methodology : MLPA - Performed : Mon-Sat - Reported : 4 week			
	Specimen Type	Container	Volume	Transport
	Whole Blood	Lavender (EDTA)	3mL	18-24°C
*Genetic Approval Form must be filled in for this test.				

18	Optical Mapping Test Test Code : 8392806 - Genetic Diagnosis Tests			
	Methodology : - Performed : Mon-Sat - Reported : 3 hafta			
	Specimen Type	Container	Volume	Transport
	Whole Blood	Special Kit		18-24°C
*Genetic Approval Form must be filled in for this test.				

19	FISH_FGFR1 Rearrangement Test Code : 8392817 - Genetic Diagnosis Tests			
	Methodology : FISH - Performed : Mon-Sat - Reported : 7 Days			
	Specimen Type	Container	Volume	Transport
	Whole Blood	Green (Heparin)	3mL	18-24°C
	Bone Marrow	Green (Heparin)	3mL	18-24°C
*Genetic Approval Form must be filled in for this test.				

20	Deletion-Duplication Analysis with Quantitative PCR			
	Test Code: 8392818 -Genetic Diagnostic Tests			
	Method: MLPA - Working Day: Mon-Sat - Reporting Date: 8 weeks			
	Sample Name	Chap	Amount	Transport
Whole Blood	EDTA-Purple Cap	3ml	18-24°C	
*Genetic Consent Form must be filled out for this test.				

21	Hemophagocytic Syndrome Panel			
	Test Code: 8392826 -Genetic Diagnostic Tests			
	Method: NEW GENERATION SEQUENCE ANALYSIS (NGS) - Working Day: Mon-Sat - Reporting Date: 8 weeks			
	Sample Name	Chap	Amount	Transport
Whole Blood	EDTA-Purple Cap	3mL	18-24°C	
*Genetic Consent Form must be filled out for this test.				

22	Congenital Neutropenia Panel			
	Test Code: 8392819 -Genetic Diagnostic Tests			
	Method: NEW GENERATION SEQUENCE ANALYSIS (NGS) - Working Day: Mon-Sat - Reporting Date: 8 weeks			
	Sample Name	Chap	Amount	Transport
Whole Blood	EDTA-Purple Cap	3mL	18-24°C	
*Genetic Consent Form must be filled out for this test.				

23	Mucopolysaccharidosis Panel			
	Test Code: 8392820 -Genetic Diagnostic Tests			
	Method: NEW GENERATION SEQUENCE ANALYSIS (NGS) - Working Day: Mon-Sat - Reporting Date: 8 weeks			
	Sample Name	Chap	Amount	Transport
Whole Blood	EDTA-Purple Cap	3mL	18-24°C	
*Genetic Consent Form must be filled out for this test.				

24	Noonan Syndrome Panel/RASopathy Panel Test Code : 8392821 - Genetic Diagnosis Tests			
	Methodology : NEXT GENERATION SEQUENCING (NGS) - Performed : Mon-Sat - Reported : 8 weeks			
	Specimen Type	Container	Volume	Transport
	Whole Blood	Lavender (EDTA)	3mL	18-24°C
*Genetic Approval Form must be filled in for this test.				

25	Autoinflammatory Diseases Panel Test Code: 8392822 -Genetic Diagnostic Tests			
	Method: NEW GENERATION SEQUENCE ANALYSIS (NGS) - Working Day: Mon-Sat - Reporting Date: 8 weeks			
	Sample Name	Chap	Amount	Transport
	Whole Blood	EDTA-Purple Cap	3mL	18-24°C
*Genetic Consent Form must be filled out for this test.				

26	Primary Pulmonary Hypertension Panel Test Code: 8392823 -Genetic Diagnostic Tests			
	Method: NEW GENERATION SEQUENCE ANALYSIS (NGS) - Working Day: Mon-Sat - Reporting Date: 8 weeks			
	Sample Name	Chap	Amount	Transport
	Whole Blood	EDTA-Purple Cap	3mL	18-24°C
*Genetic Consent Form must be filled out for this test.				

27	Surfactant Defect Panel Test Code: 8392824 -Genetic Diagnostic Tests			
	Method: NEW GENERATION SEQUENCE ANALYSIS (NGS) - Working Day: Mon-Sat - Reporting Date: 8 weeks			
	Sample Name	Chap	Amount	Transport
	Whole Blood	EDTA-Purple Cap	3mL	18-24°C
*Genetic Consent Form must be filled out for this test.				

28

Long QT Syndrome Panel
 Test Code: **8392825** -Genetic Diagnostic Tests

Method: **NEW GENERATION SEQUENCE ANALYSIS (NGS)** - Working Day: **Mon-Sat** - Reporting Date: **8 weeks**

Sample Name	Chap	Amount	Transport
Whole Blood	EDTA-Purple Cap	3mL	18-24°C

*Genetic Consent Form must be filled out for this test.

29

Carrier Screening (SMA, Fragile X, DMD and Cystic Fibrosis 50 Mutations)
 Test Code : **8392830** - Genetic Diagnosis Tests

Methodology : **FRAGMENT ANALYSIS** - Performed : **Mon-Sat** - Reported : **4 weeks**

Specimen Type	Container	Volume	Transport
Whole Blood	Lavender (EDTA)	3mL	18-24°C

*Genetic Approval Form must be filled in for this test.

30

AcibademNIPT (10 Chromosomes)
 Test Code : **8392813** - Genetic Diagnosis Tests

Methodology : **NEXT GENERATION SEQUENCING (NGS)** - Performed : **Mon-Sat** - Reported : **10 days**

Specimen Type	Container	Volume	Transport
Whole Blood	Special Kit	10mL	18-24°C

*Genetic Approval Form must be filled in for this test.

31

Acibadem NIPT PLUS (All Chromosomes)
 Test Code: **8392814** -Genetic Diagnostic Tests

Method: **NEW GENERATION SEQUENCE ANALYSIS (NGS)** - Working Day: **Mon-Sat** - Reporting Date: **10 days later**

Sample Name	Chap	Amount	Transport
Whole Blood	Special Kit	10mL	18-24°C

*Genetic Consent Form must be filled out for this test.

32 Acibadem NIPT Premium (10 Chromosomes) + Di George
 Test Code: **8392815** -Genetic Diagnostic Tests

Method: **NEW GENERATION SEQUENCE ANALYSIS (NGS)** - Working Day: **Mon-Sat** - Reporting Date: **10 days later**

Sample Name	Chap	Amount	Transport
Whole Blood	Special Kit	20mL	18-24°C

*Genetic Consent Form must be filled out for this test.

33 Acibadem NIPT Premium PLUS (All Chromosomes) + Di George
 Test Code: **8392816** -Genetic Diagnostic Tests

Method: **NEW GENERATION SEQUENCE ANALYSIS (NGS)** - Working Day: **Mon-Sat** - Reporting Date: **10 days later**

Sample Name	Chap	Amount	Transport
Whole Blood	Special Kit	20mL	18-24°C

*Genetic Consent Form must be filled out for this test.

34 SHOX Gene Deletion Duplication Analysis
 Test Code : **8392831** - Genetic Diagnosis Tests

Methodology : **MLPA** - Performed : **Mon-Sat** - Reported : **4 weeks**

Specimen Type	Container	Volume	Transport
Whole Blood	Lavender (EDTA)	3mL	18-24°C

*Genetic Approval Form must be filled in for this test.

35 UPD7-UPD14 Methylation Analysis with MLPA
 Test Code : **8392832** - Genetic Diagnosis Tests

Methodology : **MLPA** - Performed : **Mon-Sat** - Reported : **4 weeks**

Specimen Type	Container	Volume	Transport
Whole Blood	Lavender (EDTA)	3mL	18-24°C

*Genetic Approval Form must be filled in for this test.

36	UPD7-UPD14 Methylation Analysis with MLPA Test Code : 8392832 - Genetic Diagnosis Tests			
	Methodology : MLPA - Performed : Mon-Sat - Reported : 4 weeks			
	Specimen Type	Container	Volume	Transport
	Whole Blood	Lavender (EDTA)	3mL	18-24°C
	*Genetic Approval Form must be filled in for this test.			

37	Sexually Transmitted Disease Panel, Male Test Code : 8925623 - Laboratory Services			
	Methodology : - Performed : Mon-Fri 12:00 - Reported : 4 days 17:00			
	Specimen Type	Container	Volume	Transport
	Cervical Swab	Nucliswab		2-8°C
	Urine, Random	Sterile Tube	2mL	2-8°C
Urethral Discharge Material	Nucliswab		2-8°C	
Additional Information ▼				
This panel includes; Chlamydia trachomatis DNA (PCR), Culture, Urogenital Ureaplasma/Mycoplasma, Culture, Urethral Discharge. All sample types defined in the test panel are required.				

38	Sexually Transmitted Disease Panel, Female Test Code : 8925621 - Laboratory Services			
	Methodology : - Performed : Mon-Fri 12:00 - Reported : 4 days 17:00			
	Specimen Type	Container	Volume	Transport
	Urethral Discharge Material	Nucliswab		2-8°C
	Urine, Random	Sterile Tube	2ml	2-8°C
	Cervical Swab	Nucliswab	2-8°C	
Additional Information ▼				
This panel includes; Chlamydia trachomatis DNA (PCR), Gonococcus Culture, Culture, Urogenital Ureaplasma/Mycoplasma, Culture, Vaginal. All sample types defined in the test panel are required.				

39	Beta-trace Protein Test Code : 8415510 - Laboratory Services			
	Methodology : NEPHELOMETRY - Performed : Mon-Fri 08:00 - Reported : Mon-Fri 18:00			
	Specimen Type	Container	Volume	Transport
	Biologic Fluid	Biologic Fluid Tube	0,5mL	2-8°C

40	Acute Gastroenteritis Panel Test Code : 8925631 - Laboratory Services			
	Methodology : - Performed : Mon-Sat 12:00 - Reported : 3 days 17:00			
	Specimen Type	Container	Volume	Transport
	Stool	Plastic Collection Cup	10gr	2-8°C

