Status: Normal	Standing Fi	uture				
Expected	i Date:	Today Tom	norrow 1 Week 2	Weeks 1 Month	3 Months 6 Mont	hs Approx.
Expires:	6/20/202	4 🛱 1 Month 2	Months 3 Months	4 Months 6 Mo	ths 1 Year	
Priority: Routine	PRoutine					
Class: Lab Colle	et 👂 Lab Col	lect Clinic Collect	External			
Reason for Select in Exam:	dications ≫					
CC Providers:		Q				
linical listory/Symptoms						
pecimen	Peripheral 8	Blood Sendout Kit	Other			
ienetics Testing:	Cystic Fibrosis Direct Mutation Anaylsis (60 mutations) Fragile X detection Hereditary Hemochromatosis (C282Y & H63D)				chromatosis (C282Y & H63D)	
	Factor V Lei	iden Prothrombin 2	0210G>A MTHER (C677T) SMA (SMN	1/SMN2) Send Ou	t Reference Lab
Senetic testing requi below under Referen		nd signed consent for	m to be submitted wit	h the patient's san S	MA (SMN1/SMN2) ee	d with testing. Select the correct forr
	Acknowledg	ged				
rior insurance autho	rization is require	ed for this test prior to	o collection.			
	Acknowledg	ged				
Release to patient	Immediate	Manual Release On	dy			
	a name in the		214 214			

SMN protein Accept X Cancel

Mutations in SMA (SMN1/SMN2) are one genetic cause of Spinal Muscular Atrophy

Spinal Muscular Atrophy Genetic Testing In-house

- Testing for these mutations can be done for both diagnosis and carrier status
- Currently this testing is a send-out test requiring significant turn-around time



- > Starting February 5, 2024, this testing will be performed in-house at Upstate's Molecular Laboratory
- > Testing for SMA (SMN1/SMN2) can be ordered using LABAP2706 and select the correct test (as shown to the left
- > The correct consent for this genetic testing must be completed prior to requesting this assay
- Insurance authorization also must be initiated prior to requesting this assay

For any questions, please contact the Molecular Laboratory (315-464-6806)