

# Genetic Test Kit Triage

*ONLY place a kit request AFTER a preauthorization is already in place or testing is no charge, and an order MUST be placed in Epic before the request can be triaged.*

## How to Request Kits:

Place a Genetic Kit Request [LAB3869] order in the patient's Epic chart

- If kits are to be sent to 2+ addresses, please specify in the order comments
- Specify what clinical team should receive tracking information in the "Clinical contact for kit request" section of the order

Further Information Found in the Lab Test Catalog: <https://seattlechildrenslab.testcatalog.org/show/LAB3869>

The screenshot shows the 'Genetic Test Kit Request: Assisted Saliva/Saliva/Buccal' form. The left pane contains instructions and tips for requesting kits, including a list of steps to follow and a section for information and tips. The right pane contains the data entry fields for the request, including checkboxes for requisition and clinical paperwork, order status, and proband kit needed. It also includes fields for kit type (Saliva, Assisted Saliva, Buccal Swab), additional kits needed, and patient information (Name, DOB, Kit type). The form is titled 'Genetic Test Kit Request: Assisted Saliva/Saliva/Buccal' and has 'Accept' and 'Cancel' buttons at the top right.

**Genetic Test Kit Request: Assisted Saliva/Saliva/Buccal** [Accept] [Cancel]

Please complete each step below prior to submitting this Epic Genetic Test Kit Request:

- Confirm the patient does not have another appropriate sample type available for genetic testing (e.g., blood, extracted DNA/MGL Hold, residual DNA at performing lab, or residual DNA from SCH-performed test within 1 year) before requesting an alternate specimen collection kit.
- Complete clinical info, requisition, and/or consent forms, if required, and email to [ReferencelabTeam@seattlechildrens.org](mailto:ReferencelabTeam@seattlechildrens.org).
- **Ensure order is entered, signed, and in "Active - Future" status in Epic (i.e., not Held or Pending).** If the specimen is extracted DNA for MGL Hold or is residual DNA at the reference laboratory, ensure that an "Add-on Lab Test Communication" is placed. Requests received without active future orders or add-on orders in EPIC will not be processed.
- Complete the order questions to request an assisted saliva, saliva, or buccal sample collection kit for your patient and/or comparator (e.g., parent, sibling, or other relative) sample(s).

**Information and Tips for Requesting Genetic Test Kits:**

- Kit requests are processed within 3-7 days from the date that the request was submitted. Please note that processing times may be delayed if our laboratory is out of a specific reference lab's genetic test kit(s).
- FedEx tracking information is provided once the kit request has been processed. Please note that we do not have tracking information for outgoing or return shipments via the United States Postal Service (USPS).
- If genetic test kits need to be sent to multiple addresses, please place a separate Genetic Test Kit Request for each.
- If the patient's and/or family's Language for Care is not English, please select the Language for Care from the drop-down list in the table. If the language is not listed, please select Other and indicate the language in the Other Language field.
- If more than one Language for Care is needed, please indicate what languages are needed in the Notes/Comments or Comments section.

**Resources:**

- [Alternate Specimen Collection Kits for Genetic Testing](#)
- [Epic Tip Sheet: Coordination of Genetic Testing](#)
- [Job Aid: Genetic Test Coordination at Seattle Children's 13478](#)

Requisition and clinical paperwork emailed to [ReferencelabTeam@seattlechildrens.org](mailto:ReferencelabTeam@seattlechildrens.org)? [Yes] [No]

Order placed in Epic, signed, and in "Active - Future" status OR Add-on Communication entered for MGL hold or residual DNA specimens in lab? [Yes] [No]

Proband kit needed (for patient)? [Yes] [No]

Kit type: [Saliva] [Assisted Saliva] [Buccal Swab]

Additional kits needed (for comparators)? (select 1-4) [2]

Additional kits to be sent (if applicable) for: Name [Doe, Mama]

DOB [1/1/1952]

Kit type: [Saliva] [Assisted Saliva] [Buccal Swab]

Name: [Doe, Papa]

DOB [3/1/1953]

Kit type: [Saliva] [Assisted Saliva] [Buccal Swab]

Language for care (select) [English]

Test ordered [Whole Exome Sequencing Trio]

Performing Lab (select) [GeneDx]

Send kits to address in Epic? [Yes] [No]

Clinical contact for kit request: Name + Phone/email [GC, Clinical Genetics]

Notes/Comments [ ]

Comments: [Add Comments]

Class: [Clinic Performed] [Hospital Performed]

[Next Required] [Accept] [Cancel]

**For future appointment collection:** Make a note in the comments section of the Genetic Kit Request order with the date you plan to have the kits picked up from Sendouts for the appointment.

**For day of appointment collection:** Call 206-987-2563 or email [referencelabteam@seattlechildrens.org](mailto:referencelabteam@seattlechildrens.org) to request kits for collection that day.

**Any Questions Please Contact:** Emy Personne (Lab/Send Out GCA) [referencelabteam@seattlechildrens.org](mailto:referencelabteam@seattlechildrens.org)  
206-987-8604



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# Delivering Collected Genetic Test Kits



## Where to deliver collected kit on main campus?

- Please deliver the collected kit to the rolling cart in the **Sendouts office, room FB.2.413**
- FB.2.413 is located across from the transfusion lab on Forest B floor 2.
- The rolling cart will be straight inside the door, directly next to RLS/Sue's desk.

## Don't want to deliver? Tube It!

- Please tube to tube station 266 or 276



## After hours? (16:30pm - 7:30am, Sat, Sun)

- Deliver to our **Central Processing Lab** Located on **Forest B Floor 2**
- Follow laminated green signs to CPA
- Badge in door and take the first right and the lab will be on your left
- Notify and hand off to a lab assistant - let them know the sample is for send out genetic testing.

