BAYLOR GENETICS

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2450 HOLCOMBE BLVD.
GRAND BLVD. RECEIVING DOCK
HOUSTON, TX 77021-2024

PHONE
1.800.411.4363
FAX
1.800.434.9850

CONNECT

NEW YORK STATE APPROVED TEST LIST

DIVISION	TEST CODE	TITLE	METHODOLOGY	SAMPLE TYPE	STATUS
BIO	4300	**Acylcarnitine Analysis - Plasma**	Tandem Mass Spectroscopy	Plasma	Approved
BIO	4310	**Carnitine Determination - Plasma**	Tandem Mass Spectroscopy	Plasma	Approved
BIO	4130, 4260	**Creatine and Guanidinoacetate Determination**	Tandem Mass Spectroscopy	Plasma; Urine	Approved
BIO	4200	**Organic Acid Screen - Urine**	Gas Chromatography/Mass Spectrometry	Urine	Approved
BIO	4210	**Orotic Acid/Orotidine Determination - Urine**	Tandem Mass Spectroscopy	Urine	Approved
BIO	4509	**Adenosine Deaminase Enzyme Analysis**	Radiometric	Red Blood Cells (RBC)	Grandfather Clause
BIO	4510	**Adenosine Deaminase Enzyme Analysis**	Radiometric	Skin Fibroblast Culture	Grandfather Clause
BIO	4511	**Adenosine Deaminase Enzyme Analysis**	Radiometric	White Blood Cells (WBC)	Grandfather Clause
BIO	4507	**Adenosine Deaminase Enzyme Analysis (Prenatal Diagnosis - Amniocytes)**	Radiometric	Chorionic Villi Sample (CVS); Amniotic Fluid	Grandfather Clause
BIO	4536	**Arginase Enzyme Analysis**	Spectrophotometric	Red Blood Cells (RBC)	Grandfather Clause
BIO	4524	**Argininosuccinate Lyase Enzyme Analysis**	Radioisotopic	Red Blood Cells (RBC)	Grandfather Clause
BIO	4525	**Argininosuccinate Lyase Enzyme Analysis**	Radioisotopic	Skin Fibroblast Culture	Grandfather Clause
BIO	4545	**Argininosuccinicate Synthetase Enzyme Analysis**	Radiometric	Skin Fibroblast Culture	Grandfather Clause
BIO	4555	**Biotinidase Enzyme Analysis**	Colorimetric	Serum	Grandfather Clause
BIO	4561	**Carbamoyl Phosphate Synthetase Enzyme Analysis**	Colorimetric	Liver	Grandfather Clause
BIO	4569	**Hexosaminidase A & B Enzyme Analysis**	Fluorimetric	Serum	Grandfather Clause
BIO	4140	**Homocysteine Determination - Plasma**	Tandem Mass Spectroscopy	Plasma	Grandfather Clause
BIO	4504	**Lysosomal Acid Lipase Analysis**	Radiometric	White Blood Cells (WBC)	Grandfather Clause
BIO	4582	**Ornithine Transcarbamylase Enzyme Analysis**	Colorimetric	Liver	Grandfather Clause
BIO	4585	**Phosphatidylinositol Bisphosphate Phosphatase Enzyme Analysis**	Radiometric	Skin Fibroblast Culture	Grandfather Clause
BIO	4592	**Purine Nucleoside Phosphorylase Enzyme Analysis**	Radiometric	Red Blood Cells (RBC)	Grandfather Clause
BIO	4594	**Purine Nucleoside Phosphorylase Enzyme Analysis**	Radiometric	White Blood Cells (WBC)	Grandfather Clause
BIO	4220	**Purine Panel - Urine**	Tandem Mass Spectroscopy	Urine	Grandfather Clause

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BIO	4615	**Steroid Sulfatase Enzyme Analysis**	Radiometric	White Blood Cells (WBC)	Grandfather Clause
BIO	4630	**Steroid Sulfatase Enzyme Analysis (Prenatal Diagnosis)**	Radiometric	Amniotic Fluid Cultured Cells; Cultured Chorionic Villus Cells	Grandfather Clause
BIO	4250	**Succinylacetone Determination - Urine**	Gas Chromatography/Mass Spectrometry	Urine	Grandfather Clause
BIO	4620	**Tay-Sachs Carrier Testing**	Fluorimetric	White Blood Cells (WBC)	Conditionally Approved
BIO	4627	**White Blood Cell Cystine**	Tandem Mass Spectroscopy	White Blood Cells (WBC)	Grandfather Clause
CMA	8655	**Chromosomal Microarray Analysis - HR**	Chromosome Analysis	Whole Blood	Approved
CMA	8665, 8639	**Chromosomal Microarray Analysis - HR + SNP**	Chromosome Analysis	Whole Blood; Product of Conception; Skin Biopsy	Conditionally Approved
CMA	8670, 8671	**Expanded Prenatal Chromosomal Microarray Analysis**	Chromosome Analysis	Chorionic Villus Sample (CVS); Amniotic Fluid Sample	Conditionally Approved
CYTO	8600	**Chromosome Analysis - Blood**	Standard methodology is used for G-banded chromosome Analysis	Whole Blood	Approved
CYTO	8700	**Chromosome Analysis - Prenatal - CVS**	Standard methodology is used for G-banded chromosome Analysis	Chorionic Villus Sample (CVS)	Approved
CYTO	8464	**FISH Analysis - Cri-Du-Chat Syndrome**	FISH	Whole Blood	Approved
CYTO	8486	**FISH Analysis - DiGeorge/Velocardiofacial Syndrome Type 1 (22q)**	FISH	Whole Blood	Approved
CYTO	8476	**FISH Analysis - Prader-Willi Syndrome Panel**	FISH	Whole Blood	Approved
CYTO	8410	**FISH Analysis - Prenatal Aneuploidy**	FISH	Chorionic Villus Sample (CVS), Amniotic fluid	Approved
CYTO	8483	**FISH Analysis - Williams Syndrome**	FISH	Whole Blood; Amniotic Fluid Sample; Chorionic Villus Sample (CVS)	Approved
CYTO	8484	**FISH Analysis - Wolf-Hirschhorn Syndrome**	FISH	Whole Blood	Approved
CYTO	8500, 8530, 8501, 8550	**Chromosome Analysis - Prenatal - Amniotic Fluid with AFP**	Standard methodology is used for G-banded chromosome Analysis	Amniotic Fluid	Grandfather Clause
DNA	6000	**Achondroplasia Mutation Panel**	MALDI-TOF	Whole Blood	Approved
DNA	6067, 6074	**ARX Sequence Analysis**	Sequence analysis is performed in both forward and reverse directions	Whole Blood	Approved
DNA	6180, 6185, 6190	**ASS1 Sequence Analysis**	Sequence analysis is performed in both forward and reverse directions	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved

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DNA	6012, 6535, 6536, 6537	**Bloom Syndrome Ashkenazic Mutation Panel**	MALDI-TOF; also offer whole gene sequencing	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6017	**CFTR - 5T Variant Analysis**	MALDI-TOF	Whole Blood	Approved
DNA	6085	**Duchenne-Becker muscular dystrophy**	Sequencing	Whole Blood; EDTA	Approved
DNA	6028	**Factor V Leiden Mutation Panel**	MALDI-TOF	Whole Blood	Approved
DNA	6570, 6571, 6572	**FMR1 Sequence Analysis**	Sequence analysis is performed in both forward and reverse directions	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6635, 6636, 6637	**FOXG1 Sequence Analysis**	Sequence analysis is performed in both forward and reverse directions	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6031	**Friedreich Ataxia Repeat Expansion Analysis**	Southern Blot, PCR	Whole Blood	Approved
DNA	6019, 6078	**GJB2 Sequence Analysis**	Sequence analysis is performed in both forward and reverse directions	Whole Blood	Approved
DNA	6063, 6136, 6135	**GLA Sequence Analysis**	Sequence analysis is performed in both forward and reverse directions	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6035	**HFE Mutation Panel**	MALDI-TOF	Whole Blood	Approved
DNA	6034, 6099	**Huntington Disease Repeat Expansion Analysis**	PCR and Southern Blot	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6036, 6100	**Incontinentia Pigmenti Common Deletion Analysis**	Southern Blot	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6037	**Kennedy Disease Repeat Expansion Analysis**	PCR	Whole Blood	Approved
DNA	6430, 6435, 6440	**LIPA**	Sequencing	Whole Blood	Approved
DNA	6039, 6102, 6101	**Lowe syndrome**	Sequence analysis is performed in both forward and reverse directions	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6045	**MTHFR Thermolabile Variant Analysis**	MALDI-TOF	Whole Blood	Approved
DNA	6041, 6105	**Myotonic Dystrophy Type 1 Repeat Expansion Analysis**	PCR-amplification followed by Southern Blot with densitometry	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6127, 6128, 6133	**PLP1 Sequence Analysis**	Sequence analysis is performed in both forward and reverse directions	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6050	**Prader-Willi Syndrome - Methylation Analysis**	Southern Blot	Whole Blood	Approved
DNA	6048	**Prothrombin Mutation Panel**	MALDI-TOF	Whole Blood	Approved

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DNA	6065, 6107, 6106	**PTPN11 Noonan Syndrome**	Sequence analysis is performed in both forward and reverse directions	Chorionic Villus Sample (CVS); Amniotic Fluid; Whole Blood	Approved
DNA	6053	**Sickle Cell Disease Mutation Analysis**	MALDI-TOF	Whole Blood	Approved
DNA	6059	**SMN1 Deletion Analysis**	PCR-amplification followed by gel electrophoresis	Whole Blood	Approved
DNA	6060	**SRY Molecular Analysis**	PCR-amplification followed by gel electrophoresis	Whole Blood	Approved
DNA	6006	**Angelman Syndrome Methylation Analysis**	Southern Blot	Whole Blood	Grandfather Clause
DNA	6350	**DMD Deletion/Duplication Analysis**	High resolution array CGH	Whole Blood	Conditionally Approved
DNA	6062	**Thrombophilia Mutation Panel**	Allele-specific genotyping by MALDI-TOF mass spectrometry	Whole Blood	Grandfather Clause
DNA	6007, 6073	**UBE3A Sequence Analysis**	Sequence analysis is performed in both forward and reverse directions	Whole Blood	Grandfather Clause
DNA	6072	**UBE3A Sequence Analysis (Prenatal Diagnosis)**	Sequencing analysis of the region(s) containing the familial alteration(s) is performed in the forward and reverse directions	Chorionic Villi Sample (CVS); Amniotic Fluid	Grandfather Clause
Mito	21400, 21402	**Noonan Spectrum Disorders Panel**	Next Generation Sequencing	Whole Blood, Saliva, Tissue: Prenatal, extracted DNA, Chorionic villus sample (CVS)	Conditionally Approved
DNA	60101, 60201, 60206, 60301, 60306, 60401, 60406, 60105, 60205, 60305, 60405	**Carrier Tests**	NGS, TaqMan, PCR, MLPA	Whole Blood, Saliva	Conditionally Approved
DNA	1500	**Whole Exome Sequencing**	NGS	Whole Blood: EDTA, cultured cells: fibroblasts, purified DNA	Approved
DNA	1600, 1390, 1722, 1622	**Whole Exome Sequencing (Trio, Critical, Prenatal, and Total BluePrint Panel)**	NGS	Whole Blood: EDTA, cultured cells: fibroblasts, purified DNA	Conditionally Approved
DNA	23000, 22350	**Hereditary High Risk Breast Cancer/ BRCA1 and BRCA2 Panel**	NGS	Whole Blood, Saliva	Conditionally Approved
Mito	21200	**PreSeek Non-invasive Prenatal Gene Sequencing Screen**	NGS	Whole Blood, Saliva	Approved
DNA	60897	**Cystic Fibrosis (CFTR gene)**	NGS	Whole Blood, Saliva, fibroblasts	Conditionally Approved
DNA	6573	**Fragile X (FMR1 gene)**	PCR	Whole Blood, Saliva	Conditionally Approved

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DNA	6059	**Spinal Muscular Atrophy (SMA) (SMN1 and SMN2 genes)**	MLPA	Whole Blood	Conditionally Approved
DNA	60290, 60295	**GeneAware v3 (274) Carrier screening**	NGS	Whole Blood, extracted DNA, saliva	Conditionally Approved
DNA	62890, 62895	**GeneAware v3 (289) Carrier screening**	NGS	Whole Blood, extracted DNA, saliva	Conditionally Approved
DNA	24001	**Expanded Common Hereditary Cancer Panel**	NGS	Whole Blood, extracted DNA, saliva, cultured cells, buccal swab	Conditionally Approved
DNA	60140, 60145, 64000, 64005	**Comprehensive GeneAware v3 (421 genes) carrier screening**	NGS	Whole Blood, extracted DNA, saliva, buccal swab	Conditionally Approved