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Your Labs in GTR Help | Contact GTR staff | FAQ

Add a new lab

Migrate data from GeneTests

Sort by: Modified: newest first ▼

NCBI GTR Laboratory (Incomplete Information, cannot submit)

NCBI GTR Laboratory, National Institutes of Health 8600 Rockville Pike Bethesda, MD 20894 Phone: 555-555-5555 Fax: 555-555-4444 Email: info@gtr.ncbi

Lab Director(s)

John Smith

Laboratory Affiliations

National Institutes of Health

Laboratory Credentials

None

Test

None

Last modified: 3/15/2011 Edit View Details

Molecular Pathology Laboratory Network, Inc.

250 East Broadway Avenue Maryville, Tennessee, 37804 United States of America

Fax Number: 1-865-380-9191 Email: info@mplnet.com Website: www.mplnet.com

Phone Number: 1-865-380-9746

Lab Director(s)

Dr. Nicholas T Potter, PhD, FACMG, Director, Molecular Diagnostics Laboratory

Laboratory Affiliations

Geneuity Clinical Research Services (www.geneuity.com)

Laboratory Credentials

CLIA Certification, Number 44D0948725, Expiration: 2012-03-07

Test

HCM Cardio Panel for Cardiomyopathy (Incomplete Information)
Warfarin Sensitivity Testing for Warfarin sensitivity (Submit this test)

Last modified: 3/14/2011

Submit

Edit

View Details

OMB control number: (0925-xxxx) Expiration date: (xx-xx-xxxx)

GTR Submission

Add a New Lab

Lab Information	Personnel	Licensure & Accreditatio	n Default Parameter
required input			
lame & Institution			
.ab name: *		Acronyms:	
GeneTests ID:			
nstitution: *		Acronyms:	
Department:			
Address			
Country or region:* United States	v		
Street & No:			
City:*			
State or province:* Alabama	▼]		
Postal code:*			
Make this mailing address public:	* ⊚ Yes ⊘ No		
Phone:*			
Fax:			
Email:*			
Website:			
Types of Service			
Service: Order co	ode:		
Genetic counseling ▼	Add Anothe		
Affiliation			
Name:	Website:		
			Add Another
Participation in programs			
Participation in standardization pr	ograms: (Click to select all that appl	y)	
	um (International Standards for Cytogo (Collaboration Education and Test Tr		
Mutation-speci		~	
Participation in data exchange pro	ograms: (Click to select all that appl	w)	
ISCA Consortion	um (International Standards for Cytog	enomic Array)	
	(Collaboration Education and Test Tr	ranslation)	
Mutation case	fic Databases		

Save & Continue

GTR Submission

OMB control number: (0925-xxxx) Expiration date: (xx-xx-xxxx)

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Lab Informati	on Personnel	Licensure & Accreditation	Default Parameters
Add a person			
First name: *]	
Middle Initial:			
.ast name: *]	
Display on GTR sit	e:* Yes No		
Primary lab contact			
Lab director: *	Yes No		
lob title:			
	Lab Director Genetic Counselor		
	Nurse Research Nurse		
Academic degree(s	s): (Click to select all that apply)	J	
deductific degree(s	MD		
	PhD B		
	BS +		
Certificates:			
Add new			
Medical board:			
wiculcal board.	American Board of Obstetrics and Gynecology	•	
Medical specialty	r.		
	Please select a medical board first	▼	
Medical subspec	ialty:		
	Please select a medical board first	•	
	Save		
Credentials: (Click	to select all that apply)		
	FACMG		
	CGC	·	
Show credentials a	fter name: Yes No		
GTR permissions:			
	View only Edit		
	Add Delete		
	All		
Contact informatio	n to be displayed on GTR site		
Phone:			
Email:			
Fax:			
Suppleme	ntary public contact information:		
Contact information	n for GTR staff use only		
Phone:	-	1	
		í	
Email:		J. 1	
Fax:			
Add Another (The current input will be saved.)		
Cancel (The current input will not be saved.)		
Continue (F	Finish adding people. The current input will be saved.)		

GTR Submission

OMB control number: (0925-xxxx) Expiration date: (xx-xx-xxxx)

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Lab Informa	rition Personnel	Licensure & Accreditation	Default Paramete
laba Casidh MAD	N Lab Bireates Delete To		
John Smith, MD), Lab Director <u>Delete</u> <u>Ed</u>	<u>ıt</u>	
Adding a perso	n		
First name: *			
Middle Initial:			
Last name: *			
Display on GTR:	site: * ⊚ Yes ⊘ No		
Primary lab conta	act:* ⊚ Yes ⊚ No		
Lab director: *	⊚ Yes		
Job title:	Lab Director		
	Genetic Counselor		
	Nurse Research Nurse		
Academic degree	e(s): (Click to select all that apply)		
.caaciiiio acg.cc	MD ^		
	PhD E MS		
	BS +		
Certificates:			
Add new			
Medical board:			
	American Board of Obstetrics and Gynecology •		
Medical specia	Ity:		
	Please select a medical board first ▼		
Medical subspe	ecialty:		
	Please select a medical board first ▼		
	Save	1	
12	- Save		
Credentials: (Clid	ck to select all that apply)		
1 0000	FACMG		
	CGC		
Show credentials	s after name: Yes No		
GTR permissions	S: * View only		
	Edit E		
	Add Delete		
	ΔII		
Contact informat	tion to be displayed on GTR site ————————————————————————————————————		
Phone:			
Email:			
Fax:			
Supplem	nentary public contact information:		
	tion for GTR staff use only		
Phone:			
Email:			
Fax:			
Add Another	(The current input will be saved.)		
	(The current input will not be saved.)		
Cancel	(me current input will flot be saved.)		
Continue	(Finish adding people. The current input will be saved.)		

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Lab Information	Personnel		Licensure & Accreditation	Default Parameters
John Smith, MD, Lab Director	<u>Edit</u>	Delete		
Jane Doe, PhD, Genetical Counselor	<u>Edit</u>	Delete		
Continue	Add Anoth	ner		

GTR Submission

Smith, John My NCBI Signout

OMB control number: (0925-xxxx) Expiration date: (xx-xx-xxx

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Lab Information	Personnel	Licensure & Accreditation	Default Parameters
CLIA Certification			
Certification #: Exp. Dat	e: Add Another		
State License(s)			
State: License #: Alabama License #:	Exp. Date:	Add Another	
Other License(s) Licensed by: License #:	Exp. Date:		
ISO •		Add Another	
Continue			
		_8	

GTR Submission

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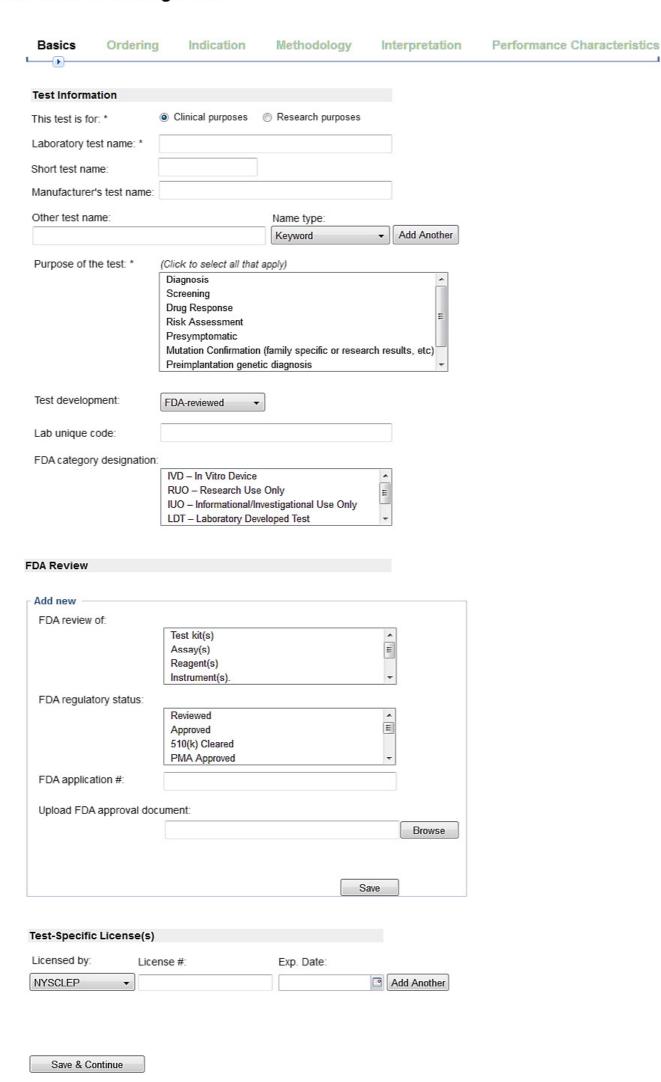
Lab Information	Personnel	Licensure & Accreditation	Default Parameters
Optional: Default Parameters	(May be overwritten for spec	ific tests)	
Test contact policy:			
Pre-test e	mail/phone consultation		
Post-test	email/phone consultation		
	can accept contact only from health	h care providers	
Specimen source:			
Peripheral (w	hale) blood		
Buccal swab			
Saliva			
Amniocytes		=	
Amniotic flui	i		
Bone marrov	f .		
Cell culture			
Chorionic vill	İ		
Cord blood			
Cystic hygro			
Dried blood s	spot (DBS) card	-	
Upload Sample Test Reports			
Sample negative report:			
	Bro	wse	
Sample positive report:			
	Bro	wse	
Finish Adding This Lab			

OMB control number: (0925-xxxx) Expiration date: (xx-xx-xxxx)

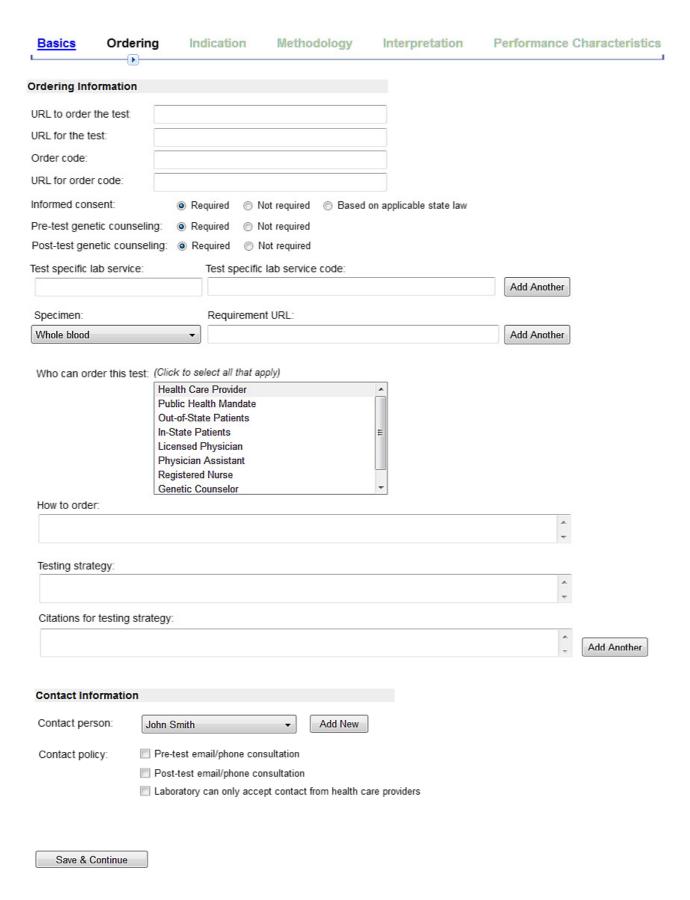
NCBI Lab 1: List of Tests



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OMB control number: (0925-xxxx) Expiration date: (xx-xx-xxxx)

Basics	<u>Ordering</u>	Indication	Methodology	Interpretation	Performance Characteristics
		<u> </u>			
isease					
Name: *					
		ophic cardiomyopath		^	
		ophic cardiomyopath y, Hypertrophic, Fam		+	
Disease na	ame to be used t				
Discuse no	inc to be used	or display.			
Synonyms:	(Click to select	all that apply)			
1 1				Add	
		ricular hypertrophy	_		
		ptal hypertrophy rtrophic subaortic ste			
Disease sy	nonym to be use				
Preferred a	acronym:				
			<u></u>		
Acronyms:	(Click to select	all that apply)			
				Add	
			^		
			▼		
Disease ac	ronym to be use	ed for display:			
Disease typ	pe: Dysmorpholog	ns Candrana		•	
	Cancer Syndr				
	Neurology			₹	
Mode of in	heritance:				
				^	
				+	
Disease m	nechanism:				
				_	
				▼	
Similar dis	orders: (Click to	select all that apply)			
				<u></u>	
Prevalence	e:				
					^
					▼
Citation for	r Prevalence:				
					Add
					▼ Add
Target pop	oulation:				
					A
					₩
Citation for	r target populati	on.			
Challoff 10	. anger populati	vii.			
					+ Ad
Save &	Continue				
				8	

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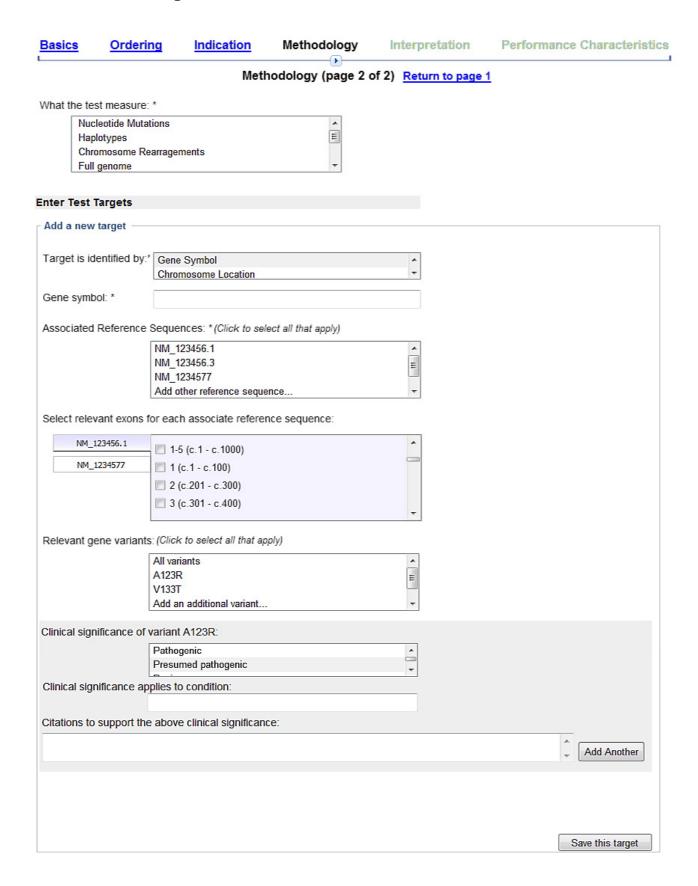
Basics	<u>Ordering</u>	Indication	Methodology	Interpretation	Performance Character	istics
		<u> </u>				
isease						
Name: *	O F 11		-11			
Name.	Cardiomyopath	y, Hypertrophic, Fam	ilial	•		
Disease na	ame to be used					
	Hypertrophic ca	ardiomyopathy				
Synonyms:	(Click to select	all that apply)				
				Add		
		ricular hypertrophy	^			
		eptal hypertrophy ertrophic subaortic ste	enosis 🔻			
Disease sv	nonym to be us					
Discuse sy	nonym to be us	cu for display.				
Preferred a	acronym.					
1 Tolollou c	HCM		•			
Acronyms:		all that apply)				
Actoriyins.	Click to select	ан тнат арргу)		Add		
	FHC			7.133		
	ASH					
	IHSS		₹			
Disease ac	ronym to be use	ed for display:				
5	HCM					
Disease typ	e: Dysmorpholog	v Syndrome		_		
	Cancer Syndro					
	Neurology			▼		
Mode of inh	eritance:					
	Autosomal Dom					
	Autosomal Rec	essive		-		
Disease me				100		
2.000.00		tered protein with cha	nged function	•		
Cimilar dien		elect all that apply)	<u></u>			
Sillilai uiso	Ideis. (Olick to a	elect all that apply)				
	Dilated Cardiom	yopathy (DCM)		_		
	Sudden Cardiac			₹		
Prevalence						
Citation for	Prevalence:					
Ollulion 101	r revalence.					
	PMID: 1840375	8			÷	Add
Target popu	uation:					
					▼	
Citation for	target population	on:				
	321 Populatio				A	
					▼	Add

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Basics	<u>Ordering</u>	<u>Indication</u>	Methodology	Interpretation	Performance Characteristics
			Methodology (pa	age 1 of 2)	
lethod					
ategory.	* (Click to select all	that apply)			
-	Method to detect nuc		bp		
	Method to detect had Method to detect del				
	Method to detect del		=250bp		
	Method to detect ena				
L		,			
rimary te	st methodology:		7		
	PCR-RFLP with Sou	thern hybridization	_		
	RT-PCR with gel ana				
	Trinucleotide repeat I		Blot		
	Protein truncation	,	₹		
latforms:	(Click to select all th	at apply)			
_	Affymetrix GeneChip		A		
	Agilent microarrays				
	CodeLink Bioarray				
	NimbleGen microarra	ıv	₹		
	Qiagen AutoPure LS Qiagen QlAcube Tecan Genesis Robo PerkinElmer Victor3 Agilent 2100 Bioanal Applied Biosystems Applied Biosystems	tic Workstation 150 1420 Multilabel Plat yzer 7900HT Sequence E	e Reader Detection System		
Test proce	dure:				
					A
L					▼
Confirmati	on of test results:				
est comm	ent:				
Save &	Continue				
				S	

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NCBI Lab 1: Adding a Test



Save & Continue

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<u>Basics</u>	Ordering	Indication	Methodology (Page 1 2)	Interpretation	Performance Characteristics
			(i age <u>1</u> <u>1</u>)	<u> </u>	
Jpload San	ple Reports				
	-4:				
sample neg	ative report:				
				Browse	
Sample posi	tive report:				
				Browse	
	Halmanın Ginni	Finance (1/10), Ball		_	
variants or	Unknown signi	ficance (vos). Poli	cy and Interpretatio	п	
What is the	protocol for inter	preting a variation as	a VUS?		
					^
					v
Nhat softwa	re is used to inte	rpret novel variations	s?		
		•			
What is the I	aboratory's polic	y on reporting novel	variations?		
		,			A
Jpload samp	ole VUS report:				
			E	Browse	
Are family m	embers with defin	ned clinical status re	cruited to assess signi	ficance of VUS without cl	harge?
⊚ Yes ⊚	No Declin	e to answer			
Will the lab r	e-contact the ord	dering physician if va	riant interpretation ch	anges?	
⊚ Yes ⊚	No Declin	e to answer			
Research pe	erformed after cli	nical testing is comp	lete:		
					A
					₹
Save & C	ontinue				

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Basics	Ordering	Indication	Methodology (Page 1 2)	Interpretation	Performance (Characteristics
Availability			(=g= 1 =/		•	
	nce location(s): *					
	est performed in-ho	use				
	est performed exter					
	en preparation perfo	-				
	en preparation perfo					
■ Wet lab	work performed in-	house				
Wet lab	work performed ex	ternally				
Interpre	tation performed in-	house				
Interpre	tation performed ex	ternally				
Report	generated in-house					
Report 9	generated externally	y				
parts of the to	est is performed e	externally: *				
Lam autho	rized to enter deta	ails of the test		⊚ Yes ⊚ No		
			ollaborator(s) for accu			
Tillo onay i	100 20011 101101101	a by the external e	onaborator(o) for acca	1409. 0 100 0 110		
nalytical Val	idity					
Analytical va	lidity: * (Discuss n	umber of specimen	s, analytical specificity, μ	precision, and accuracy)		
Citations to s	support analytical	validitv. *			Ψ.	
	FF 3. Sandy treat				^	0.11.0
					▼ [Add Another
Assay Limitat						
Assay limita	tions: (Discuss lin	mit of detection and	test restrictions)		_	
					-	
Citations to	suport assay limit	tations:				
					· [Add Another
Quality Contr	rol.					
danty Conti	OI .					
	testing performe		Yes No			
Method for p	proficiency testing:			_		
		Alternative asse Intra-laboratory	ssment	+		
		milia laboratory				
Provider for	proficiency testing	j :				
		CAP		_		
		Alternative asse	ssment			
		Intra-laboratory		₹		
CAP test list		Item1		_		
		Item2				
		Item3		▼		
Description (of proficiency testi	ing method: (Discu	ss testina results report	able range, testing interval	ls and number of spec	imens per interval)
	p		oo tooming tooding, topon		<u> </u>	
Citations to	suport the above	etatomont:			▼	
Challotts to	suport the above s	statement.				
					v	Add Another
Description	of Internal test val	idation method: ([Discuss reportable range)		
					·	
Citations to	suport the above :	statement:				
					A .	Add Another
Clinical Valid	ity				4	
	clinical validity:					
					^ ▼	
Citations to s	suport the above s	statement:				
5	po.t and above 3					Add Asst
Oliniaal Helise					₹	Add Another
Clinical Utility Statement of		scuss how the test is	s useful for the public, u	tility of outcomes, benefits	, added value, and ass	ociated treatments
					A	
Citations to a	suport the above s	statement:				
Citations to S	suport the above s	natoniciit.				
					₹	Add Another
Save & Co	ntinue					
				-		