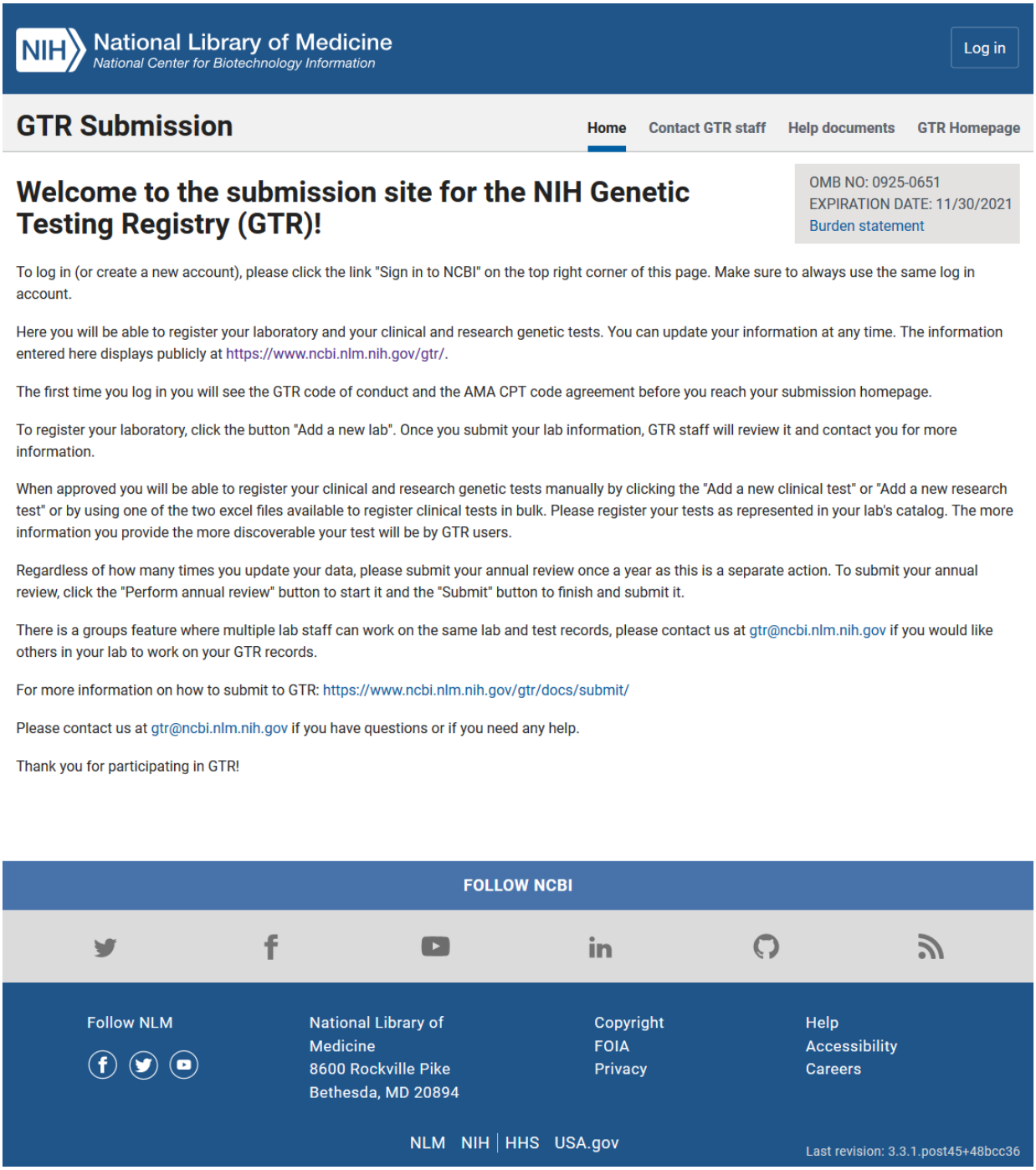
Information Collection Screenshots

Online submission form for the Genetic Testing Registry (GTR)

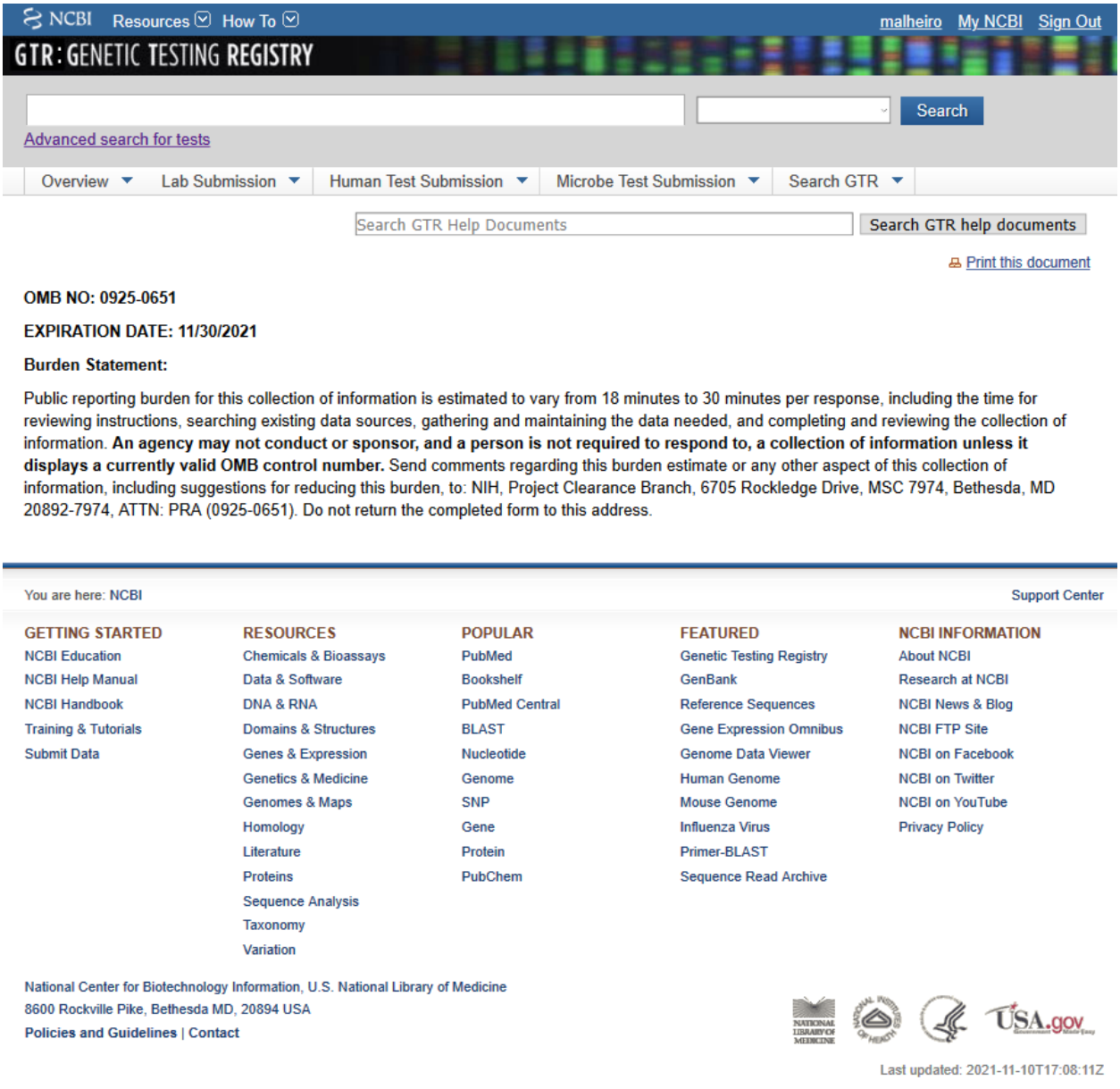
This document provides updated screenshots of the online form for the submission of genetic test information to the Genetic Testing Registry (GTR).

11/3/2021

SECURE LOGIN SYSTEM



BURDEN STATEMENT



NCBI Resources How To malheiro My NCBI Sign Out

GTR: GENETIC TESTING REGISTRY

Search

Advanced search for tests

Overview | Lab Submission | Human Test Submission | Microbe Test Submission | Search GTR

Search GTR Help Documents | Search GTR help documents

Print this document

OMB NO: 0925-0651

EXPIRATION DATE: 11/30/2021

Burden Statement:

Public reporting burden for this collection of information is estimated to vary from 18 minutes to 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0651). Do not return the completed form to this address.

You are here: NCBI Support Center

GETTING STARTED
NCBI Education
NCBI Help Manual
NCBI Handbook
Training & Tutorials
Submit Data

RESOURCES
Chemicals & Bioassays
Data & Software
DNA & RNA
Domains & Structures
Genes & Expression
Genetics & Medicine
Genomes & Maps
Homology
Literature
Proteins
Sequence Analysis
Taxonomy
Variation

POPULAR
PubMed
Bookshelf
PubMed Central
BLAST
Nucleotide
Genome
SNP
Gene
Protein
PubChem

FEATURED
Genetic Testing Registry
GenBank
Reference Sequences
Gene Expression Omnibus
Genome Data Viewer
Human Genome
Mouse Genome
Influenza Virus
Primer-BLAST
Sequence Read Archive

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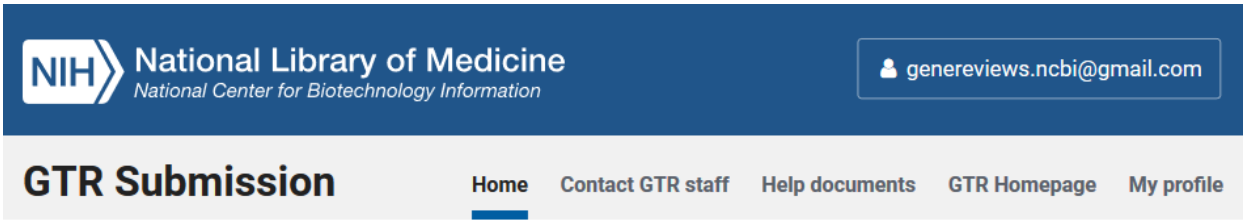
Last updated: 2021-11-10T17:08:11Z

GTR CODE OF CONDUCT



Code of Conduct

Test submitters providing test information to the Genetic Testing Registry (GTR) agree to abide by a code of conduct. Failure to honor this code of conduct may result in the removal of the submitter's test information from the GTR. Submitters agree to the following terms in the code of conduct:

- To uphold the integrity of the GTR through the submission of information that is accurate and not misleading.
- To assure the accuracy of the data at the time of submission and to review and, if necessary, update the submitted information at least once a year.
- To make no explicit or implicit claims that the National Institutes of Health, the Department of Health and Human Services, or the U.S. Government approves or endorses tests listed in, or any other information submitted to, the GTR.

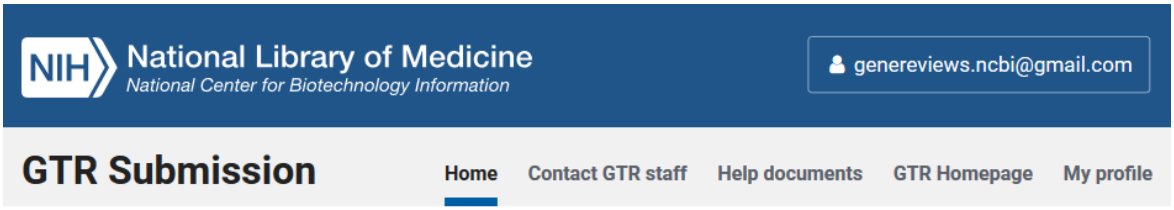
To reference their participation in the GTR, test submitters may refer to the fact that information about their tests is available in the GTR and provide the relevant URL(s) but make no explicit or implicit claims that their tests listed in the GTR, or other information submitted to the GTR, have been approved or endorsed by the National Institutes of Health (NIH), the Department of Health and Human Services, or the U.S. Government. If this stipulation is not honored, NIH reserves the right to take action, including, in its sole discretion, removing the submitter's tests from the GTR.

In addition, users are encouraged to report any acts of inappropriate endorsement claims or any other breaches of this Code of Conduct on our Contact GTR page.

For microbe tests, submitters agree that they are submitting molecular or serologic microbe tests for microorganisms involved in human health and disease.

I agree | Disagree

AMA CPT CODE LICENSE AGREEMENT



AMA CPT Code License Agreement

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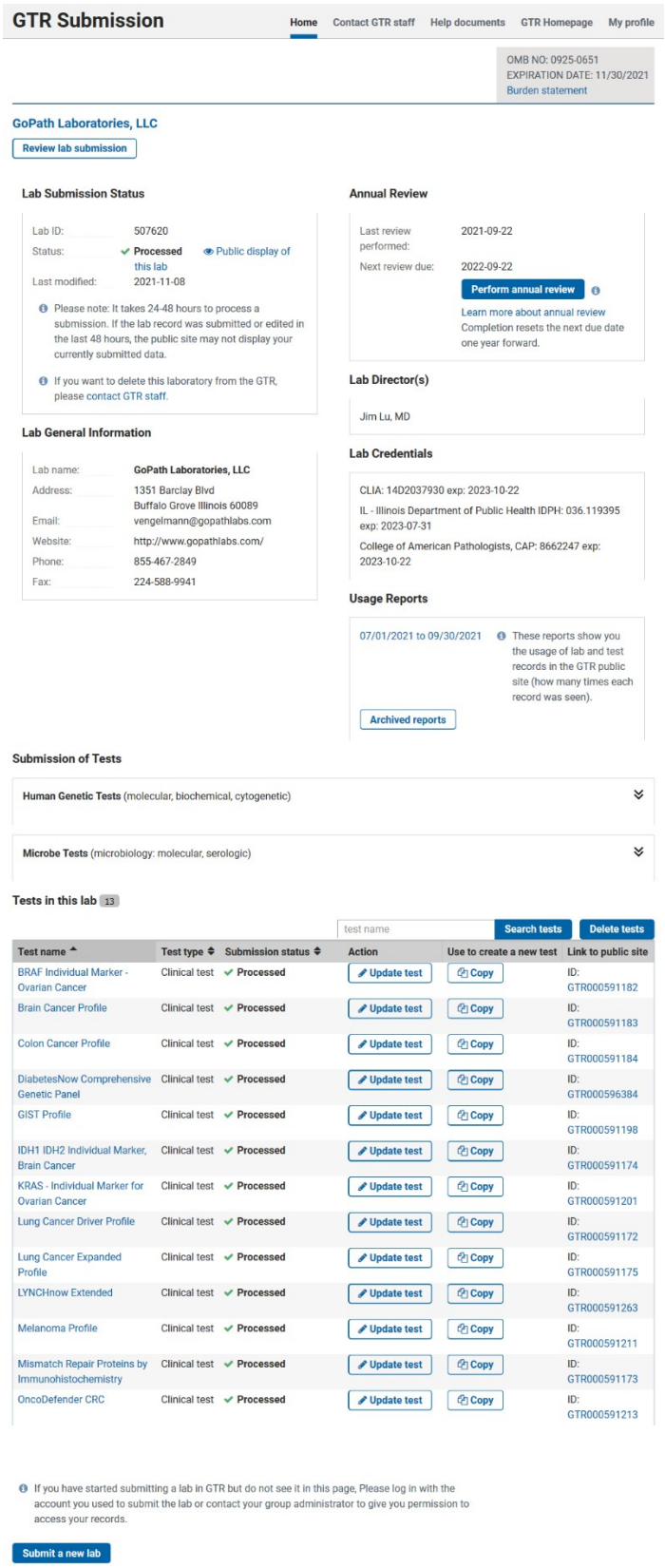
Should the foregoing terms and conditions be acceptable to Registrant, please indicate your agreement and acceptance by clicking below on the button labeled "accept".

Accept Skip

YOUR LABS IN GTR



ADD A NEW LAB

GTR Submission

Home | Contact GTR staff | Help documents | GTR Homepage | My profile

New submission: SUB10192224

1 LAB INFORMATION > 2 PERSONNEL > 3 LICENSURE AND ACCREDITATIONS > 4 DEFAULT PARAMETERS > 5 REVIEW & SUBMIT

Lab Information

* Required field. ★ Completed field. Hover over ? to display help information.

Laboratory & Institution Name

* Name of laboratory
Acronym of lab name
Name of institution
Acronym of institution name
Name of department

Laboratory Address

★ Country or region: United States
Street & No
Additional address line
* City
State or province
* Postal code
* Make this address public? ○ Yes ○ No
* Phone number: XXX-XXX-XXXX (U.S.A), +(country code)-AreaCode-XXXXXX ext XXXX (International)
Fax number: XXX-XXX-XXXX (U.S.A), +(country code)-AreaCode-XXXXXX ext XXXX (International)
Email (ex. lab@lab.com) and/or
URL for lab contact form
** At least one is required
Lab website URL

Laboratory Types of Service

Service | Order code | Comment
Add another service

Laboratory Affiliation(s)

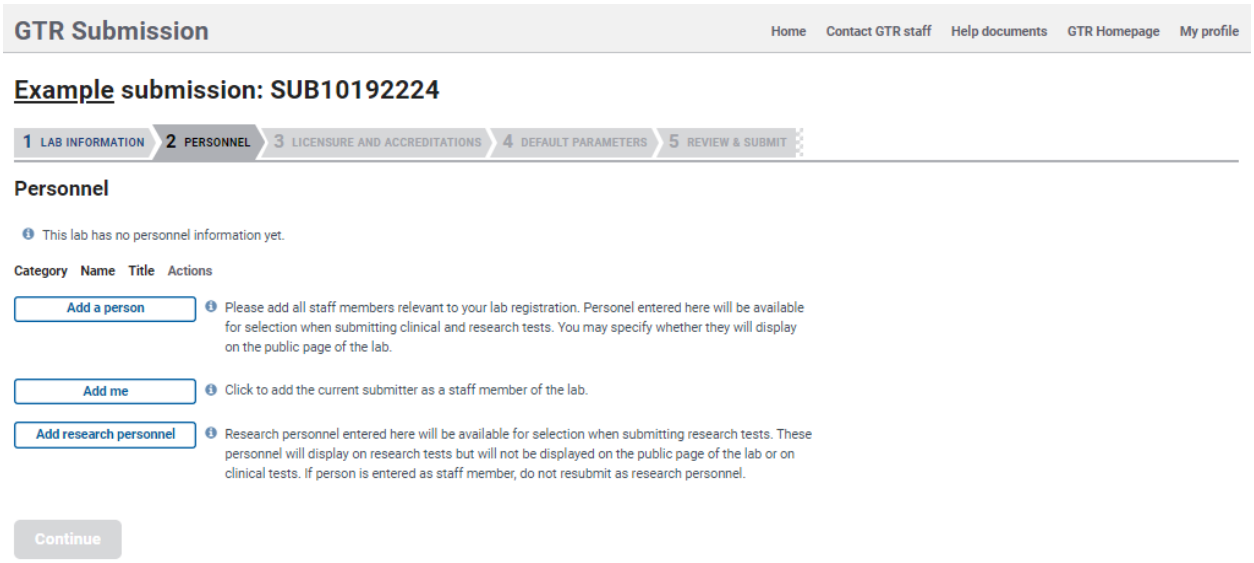
Name of affiliate (example: clinic, research center) | Website
Add another affiliation

Laboratory Participation in External Programs

Participation in standardization programs (select all that apply)
- ☐ CETT Program (Collaboration Education and Test Translation)
- ☐ ISCA Consortium (International Standards for Cytogenomic Arrays)
- ☐ Locus-specific Databases
- ☐ Mutation-specific Databases
- ☐ Other

Participation in data exchange programs (select all that apply)
- ☐ CETT Program (Collaboration Education and Test Translation)
- ☐ ICCG (International Collaboration for Clinical Genetics) - Previously ISCA
- ☐ Locus-specific Databases
- ☐ Mutation-specific Databases
- ☐ Other

Save & continue


GTR Submission
Home
Contact GTR staff
Help documents
GTR Homepage
My profile
Example submission: SUB10192224
1 LAB INFORMATION
2 PERSONNEL
3 LICENSURE AND ACCREDITATIONS
4 DEFAULT PARAMETERS
5 REVIEW & SUBMIT
Personnel
This lab has no personnel information yet.
Category
Name
Title
Actions
Add a person
Please add all staff members relevant to your lab registration. Personel entered here will be available for selection when submitting clinical and research tests. You may specify whether they will display on the public page of the lab.
Add me
Click to add the current submitter as a staff member of the lab.
Add research personnel
Research personnel entered here will be available for selection when submitting research tests. These personnel will display on research tests but will not be displayed on the public page of the lab or on clinical tests. If person is entered as staff member, do not resubmit as research personnel.
Continue

GTR Submission

Home | Contact GTR staff | Help documents | GTR Homepage | My profile

Example submission: SUB10192224

1 LAB INFORMATION > 2 PERSONNEL > 3 LICENSURE AND ACCREDITATIONS > 4 DEFAULT PARAMETERS > 5 REVIEW & SUBMIT

Personnel Details

* Required field. * Completed field. Hover over ? to display help information.

Basic Information

* First name | Middle initial | * Last name

* Should this person display on the GTR public site? ? Yes / No

* Is this person the primary lab contact? ? Yes / No

* Is this person a lab director? ? Yes / No

Job title ? [Administrator] | Please specify

Academic degree ? | Please specify

MD
PhD
MS
RN
BS
AA
BA
BASc
BAdm
BEng/BE
BMedSc/BMedSci
BPharm
BS

Professional Certifications

Please select a board first, then select a specialty and subspecialty.

Board | Specialty | Subspecialty

Add another professional certification

Professional credentials ? | Please specify

American Society for Clinical Pathology, DLM
American Academy of Cosmetic Surgery, FACRM
American Academy of Dermatology, FAAD
American Academy of Family Physicians, FAAFP
American Academy of Neurology, FAAN
American Academy of Ophthalmology, FAAO
American Academy of Orthopaedic Surgeons, FAAOS
American Academy of Otolaryngology-Head and Neck Surgery, FAAOS
American Academy of Pediatrics, FAAP
American Board of Genetic Counseling, CGC
American College of Asthma, Allergy & Immunology, FACAI
American College of Emergency Physicians, FACEP

Contact information to be displayed on GTR public site

Phone number: XXX-XXX-XXXX (U.S.A), +(country code)-AreaCode-XXXXXX ext XXXX (International)

Email (ex. person@lab.com)

Fax number: XXX-XXX-XXXX (U.S.A), +(country code)-AreaCode-XXXXXX ext XXXX (International)

Supplementary public contact information ?

Contact information for GTR staff to contact you about your submission

Copy contact information from above

Phone number: XXX-XXX-XXXX (U.S.A), +(country code)-AreaCode-XXXXXX ext XXXX (International)

Email (ex. person@lab.com)

Fax number: XXX-XXX-XXXX (U.S.A), +(country code)-AreaCode-XXXXXX ext XXXX (International)

Save | Cancel

GTR Submission

Home | Contact GTR staff | Help documents | GTR Homepage | My profile

Example submission: SUB10192224

1 LAB INFORMATION > 2 PERSONNEL > 3 LICENSURE AND ACCREDITATIONS > 4 DEFAULT PARAMETERS > 5 REVIEW & SUBMIT

Add Research Personnel

* Required field. * Completed field. Hover over ? to display help information.

Enter a Person responsible for the study (Minimal), a Study contact (Minimal) and Co-investigator(s) (Optional). Research personnel entered here will be available for selection when submitting research tests.

* First name

* Last name

Academic degree

Please specify

MD
PhD
MS
RN
BS
AA
BA
BASc
BAdm
BEng/BE
BMedSc/BMedSci
BPharm
BS

Institution, City, State/Province, Country

Contact information

Email is REQUIRED for Person responsible for the study. NO contact information for this person will display publicly.

Either Email or Phone number are REQUIRED for Study contact(s). All contact information for Study contact will display publicly.

Contact information is optional for Co-investigator(s) and will NOT display publicly.

Email (ex. person@lab.com)

Phone number: XXX-XXX-XXXX (U.S.A), +(country code)-AreaCode-XXXXXX ext XXXX (International)

Fax number: XXX-XXX-XXXX (U.S.A), +(country code)-AreaCode-XXXXXX ext XXXX (International)

Save | Cancel

GTR Submission

Home | Contact GTR staff | Help documents | GTR Homepage | My profile

Example submission: SUB10192224

1 LAB INFORMATION > 2 PERSONNEL > 3 LICENSURE AND ACCREDITATIONS > 4 DEFAULT PARAMETERS > 5 REVIEW & SUBMIT

Licensure And Accreditations

Hover over ? to display help information.

Laboratory CLIA (or CLIP) Certification

Submission of clinical tests by US labs requires provision of CLIA (or CLIP) number

CLIA Certification # (e.g. 12D1234567) ? | Exp. Date (YYYY-MM-DD) ?

Add another CLIA certification

Add CLIP certification (applicable to DoD labs only)

Laboratory State License(s)

License name ? | License # ? | Exp. Date (YYYY-MM-DD) ?

Add another state license

Other Certification(s)/License(s) that the Lab Holds

Name of certification/licensing body | License # | Exp. Date (YYYY-MM-DD)

Add another certification/license

Save & continue

Example submission: SUB348876

Default Parameters

Hover over ? to display help information.

In this page you can enter information that is common to many of the tests you will submit. This information will pre-populate the corresponding fields on each test so you do not need to enter the same information multiple times. When you see this information on the test submission page, you can edit it as necessary.

Optional: Default Parameters (May be overwritten for specific tests)

Test contact policy

- [x] Laboratory can only accept contact from health care providers. Patients/families are encouraged to discuss genetic testing options with their health care provider.
- [ ] Post-test email/phone consultation regarding genetic test results and interpretation is provided to patients/families.
- [ ] Pre-test email/phone consultation regarding genetic test results and interpretation is provided to patients/families.

Who can order this test?

Genetic Counselor
Health Care Provider
In-State Patients
Licensed Dentist

How to order (provide a brief explanation about ordering requirements)

URL to lab website with information about how to order this test

Test-specific laboratory services	Order code	Comment
Clinical Testing/Confirmation of Mutations Identified Previous		

Add another test-specific laboratory service

Test-specific laboratory additional services	Order code	Comment
Custom mutation-specific/Carrier testing		

Add another test-specific laboratory additional service

Specimen source(s) (select all that apply)

- [x] Amniocytes
- [x] Amniotic fluid
- [x] Bone marrow
- [ ] Buccal swab
- [ ] Buffy coat
- [ ] Cell culture
- [ ] Cell-free DNA
- [ ] Cerebrospinal fluid
- [ ] Chorionic villi
- [ ] Cord blood
- [ ] Cystic hygroma fluid
- [ ] Dried blood spot (DBS) card
- [ ] Fetal blood
- [ ] Fibroblasts
- [ ] Fresh tissue
- [ ] Frozen tissue
- [ ] Isolated DNA
- [ ] Nasal aspirates
- [ ] Nasopharyngeal washes
- [ ] Oropharyngeal swab
- [ ] Paraffin block
- [ ] Peripheral (whole) blood
- [ ] Plasma
- [ ] Product of conception (POC)
- [ ] Saliva
- [ ] Serum
- [ ] Skin
- [ ] Sputum
- [ ] Urine
- [ ] White blood cell prep
- [ ] Other

Variants of Unknown Significance (VUS): Policy and Interpretation

What is the protocol for interpreting a variation as a VUS?

What software is used to interpret novel variations?

What is the laboratory's policy on reporting novel variations?

Are family members with defined clinical status recruited to assess significance of VUS without charge?

(•) Yes ( ) No ( ) Decline to answer ( ) Not provided

Will the lab re-contact the ordering physician if variant interpretation changes?

(•) Yes ( ) No ( ) Decline to answer ( ) Not provided

Comments about the laboratory procedure to re-contact the ordering physician

Upload Sample Reports

Sample negative report
Browse... No file selected.

Sample positive report
Browse... No file selected.

Sample VUS report
Browse... No file selected.

Save & continue

Example submission: SUB348876

Summary

Submit

Lab ID: 506435 **Status:** Not submitted, **Last modified:** 20:08.

Perform annual review

Lab information

Name	Example
Institution	
Address	Bethesda Maryland 21842
Phone	301-555-5555
Email	GTRlab@lab.com
Types of service	
Affiliations	

Personnel

Gregor Mendel	Lab staff Display this person's information on the GTR public site: Yes Is this person the primary lab contact? Yes Is this person a lab director? Yes Job title: Lab Director Professional certifications: Contact information to be displayed on GTR public site: Email: person@lab.com Contact information for GTR staff to contact you about the submission: Email: person@lab.com

Licensure and accreditations

CLIA or CLIP certification	CLIA: 12D1234567 Exp: 2023-12-01
State license(s)	MD - Maryland Department of Health and Mental Hygiene DHMH: 1234567 Non-expiring
Other certification(s)	College of American Pathologists, CAP: 112233 Exp: 2023-11-15

Default parameters

Test contact policy	Laboratory can only accept contact from health care providers. Patients/families are encouraged to discuss genetic testing options with their health care provider.
Who can order test	Genetic Counselor
Test-specific services	Clinical Testing/Confirmation of Mutations Identified Previously Order code: 234
Specimen source(s)	Peripheral (whole) blood

Submit

Lab ID: 506435 **Status:** Not submitted, **Last modified:** 20:08.

LIST OF TESTS

GTR Submission

Home | Contact GTR staff | Help documents | GTR Homepage | My profile

OMB NO: 0925-0651
EXPIRATION DATE: 11/30/2021
Burden statement

University of Minnesota Physicians Outreach Laboratory

Edit this lab

Lab Submission Status

Lab ID: 1130
Status: Unfinished at the Overview step
Last modified: 2021-10-15

If you want to delete this laboratory from the GTR, please contact GTR staff.

Lab General Information

Lab name: University of Minnesota Physicians Outreach Laboratory, University of Minnesota
Address: Mayo Building, Room D210
420 Delaware St SE
Minneapolis Minnesota 55455
Email: mbower1@fairview.org
Website: https://mphysicians.org/outreach-laboratories
Phone: 612-273-8445
Fax: 612-273-8959

Annual Review

Last review performed: 2021-04-26
Next review due: 2022-04-26

Perform annual review | Learn more about annual review

Completion resets the next due date one year forward.

Lab Director(s)

Sophia Yohe, MD

Lab Credentials

CLIA: 24D0688128 exp: 2022-10-19
CLIA: 24D2043116 exp: 2023-04-14
College of American Pathologists, CAP: 1806001 exp: 2022-09-01

Usage Reports

07/01/2021 to 09/30/2021 | These reports show you the usage of lab and test records in the GTR public site (how many times each record was seen).

Archived reports

Submission of Tests

Human Genetic Tests (molecular, biochemical, cytogenetic)

Microbe Tests (microbiology: molecular, serologic)

Tests in this lab 5

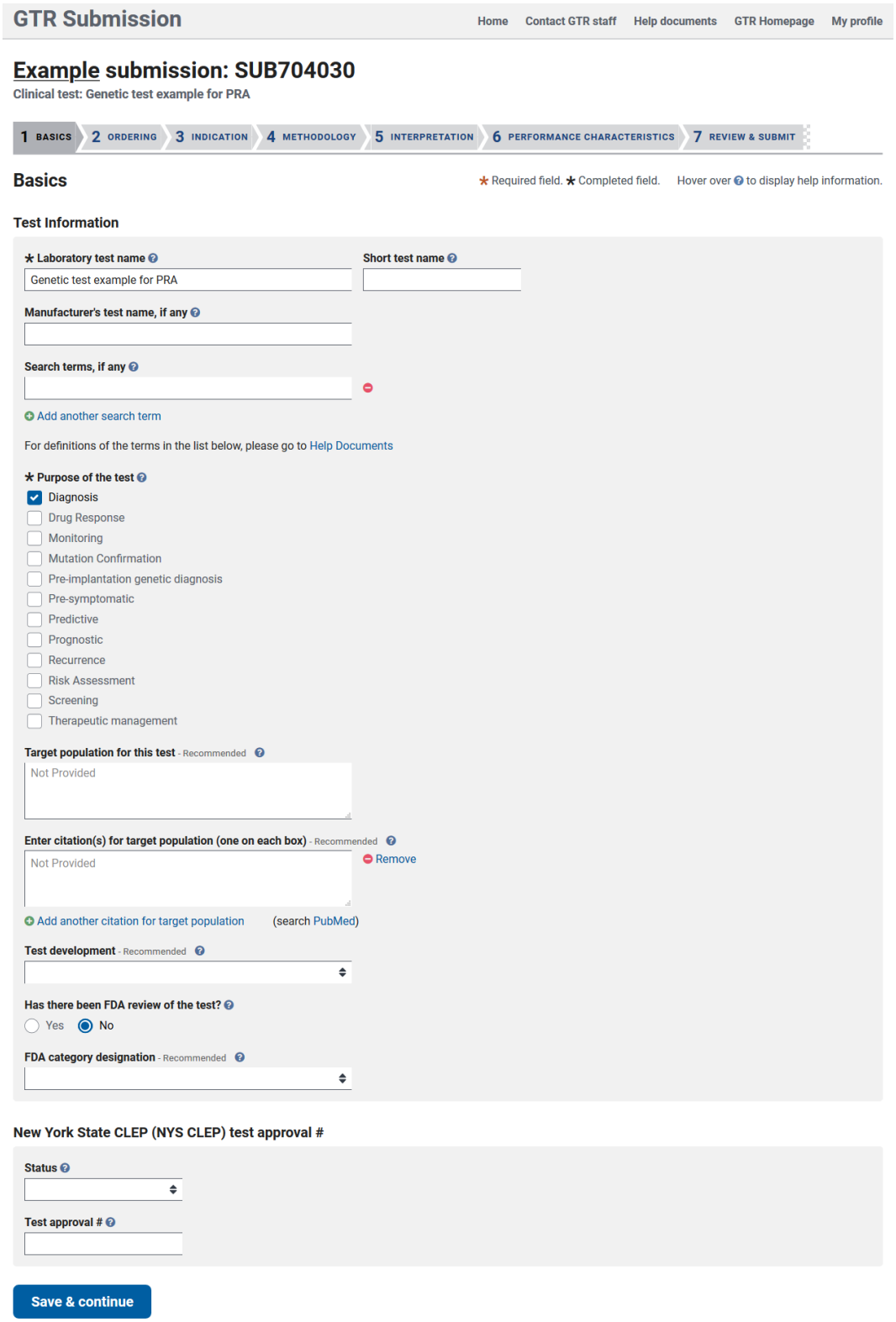
test name | Search tests | Delete tests

Test name	Test type	Submission status	Action	Use to create a new test	Link to public site
Breast Actionable panel	Clinical test	Processed	Update test	Copy	ID: GTR000592961
Breast Expanded	Clinical test	Processed	Update test	Copy	ID: GTR000595973
New test	Clinical test	Unfinished	Continue editing		
PAH sequencing	Clinical test	Processed	Update test	Copy	ID: GTR000027152
PAX2 sequencing	Clinical test	Processed	Update test	Copy	ID: GTR000282123

If you have started submitting a lab in GTR but do not see it in this page, Please log in with the account you used to submit the lab or contact your group administrator to give you permission to access your records.

Submit a new lab

ADDING A CLINICAL TEST



Example submission: SUB704030

Clinical test: Genetic test example for PRA

Ordering

Hover over ? to display help information.

Ordering Information

Test order code (lab code to order this test, ex. for requisition form) - Recommended

Not Provided

URL of the lab website with information about this test - Recommended

Not Provided

URL of the lab website with information about how to order this test - Recommended

Not Provided

How to order (provide a brief explanation about ordering requirements) - Recommended

Not Provided

URL to lab website with information about codes related to this test (ex. CPT, ICD9, ICD10) - Recommended

Not Provided

LOINC code(s)

Who can order this test?

- [x] Genetic Counselor
- [ ] Health Care Provider
- [ ] In-State Patients
- [ ] Licensed Dentist
- [ ] Licensed Physician
- [ ] Nurse Practitioner
- [ ] Out-of-State Patients
- [ ] Physician Assistant
- [ ] Public Health Mandate
- [ ] Registered Nurse

Ordering requirements - Recommended

Indicate whether the laboratory requires an informed consent form to be signed and/or proof of pre-test genetic counseling before performing this test. Indicate whether the laboratory requires proof of post-test genetic counseling for release of test results.

	Decline to answer	Required	Not required	Based on applicable state law
Informed consent	◉	○	○	○
Pre-test genetic counseling	◉	○	○	
Post-test genetic counseling	◉	○	○	

Test-specific laboratory services	Order code	Comment
Clinical Testing/Confirmation of Mutations Identified Previous		

Add another test-specific laboratory service

Test-specific laboratory additional services	Order code	Comment
Custom mutation-specific/Carrier testing		

Add another test-specific laboratory additional service

Specimen source(s) (select all that apply) - Recommended

- [x] Amniocytes
- [x] Amniotic fluid
- [x] Bone marrow
- [ ] Buccal swab
- [ ] Buffy coat
- [ ] Cell culture
- [ ] Cell-free DNA
- [ ] Cerebrospinal fluid
- [ ] Chorionic villi
- [ ] Cord blood
- [ ] Cystic hygroma fluid
- [ ] Dried blood spot (DBS) card
- [ ] Fetal blood
- [ ] Fibroblasts
- [ ] Fresh tissue
- [ ] Frozen tissue
- [ ] Isolated DNA
- [ ] Nasal aspirates
- [ ] Nasopharyngeal washes
- [ ] Oropharyngeal swab
- [ ] Paraffin block
- [ ] Peripheral (whole) blood
- [ ] Plasma
- [ ] Product of conception (POC)
- [ ] Saliva
- [ ] Serum
- [ ] Skin
- [ ] Sputum
- [ ] Urine
- [ ] White blood cell prep
- [ ] Other

Specimen requirement URL (ex. collection, handling, transportation) - Recommended

Not Provided

Testing strategy (ex. reflex testing) - Recommended

Not Provided

Enter citation(s) for testing strategy (one on each box) - Recommended

Not Provided

Remove

Add another citation for testing strategy (search PubMed)

Test-specific contact information

Contact person, please select one or more persons from this list - Recommended

A M
George Zhou

Contact policy - Recommended

- [x] Laboratory can only accept contact from health care providers. Patients/families are encouraged to discuss genetic testing options with their health care provider.
- [ ] Post-test email/phone consultation regarding genetic test results and interpretation is provided to patients/families.
- [ ] Pre-test email/phone consultation regarding genetic test results and interpretation is provided to patients/families.

AMA CPT code(s)

Add AMA CPT code

Save & continue

Select AMA CPT Code

Search AMA CPT code

Search | Show all

Codes found:

Select | Cancel

Example submission: SUB704030

Clinical test: Genetic test example for PRA

1 BASICS > 2 ORDERING > 3 INDICATION > 4 METHODOLOGY > 5 INTERPRETATION > 6 PERFORMANCE CHARACTERISTICS > 7 REVIEW & SUBMIT

Indication

* Required field. ★ Completed field. Hover over ? to display help information.

This test has the following conditions/phenotypes

The primary condition will be used to name the record and link to resources. If conditions are hierarchical, pick the top level name

Condition/Phenotype	Primary	Actions
Cystic fibrosis	◉	Edit Delete

★ Add other conditions/phenotypes

Limit to:

☐ pharmacogenetic response conditions

HINT: Type the generic drug name, 'response' and/or 'hypersensitivity'

Type Condition/Phenotype to search ?

Search

Continue to the methodology section

Example submission: SUB704030

Clinical test: Genetic test example for PRA

Condition/Phenotype Information

* Required field. ✱ Completed field. Hover over ? to display help information.

* Condition/Phenotype name, please select from the autocomplete list ?

Indication type

disease

Condition/Phenotype name to be used for display in the GTR test page, if different from above ?

Synonyms

Suggest new synonyms

Add another synonym

Acronyms

Acronym to be used for display in the GTR test page, if different from above ?

Suggest new acronyms ?

Add another acronym

Mode of inheritance ?

Disease mechanism

Prevalence ?

URL for prevalence

Enter citation(s) for prevalence (one on each box) ?

Remove

Add another citation for prevalence (search PubMed)

Private comment about the condition/phenotype to GTR staff ?

Save Cancel

Example submission: SUB704030

Clinical test: Genetic test example for PRA

Methodology

* Required field. ★ Completed field. Hover over ? to display help information.

Test Method(s)

Method

★ Major method category

Molecular Genetics

★ Method category

Sequence analysis of select exons

★ Primary Test Methodology

Next-Generation (NGS)/Massively parallel sequencing (MPS)

Instruments - Recommended

Affymetrix GeneChip Scanner 3000 7G Whole-Genome Asso...
Affymetrix GeneTitan® MC
Affymetrix HotStart-IT Probe qPCR Master Mix with UDG (2X)
Agilent 2100 Bioanalyzer
Agilent SureSelect
Applied Biosystems 3730 capillary sequencing instrument

Add another method

Platforms - Recommended

Affymetrix CytoScan HD Array
Affymetrix Gene Profiling Array cGMP U133 P2
Affymetrix GeneChip Human Genome U133 Plus 2.0 Array
Affymetrix GeneChip Human Mitochondrial Resequencing A...
Affymetrix Genome-Wide Human SNP Array 6.0
Affymetrix QuantiGene 2.0 Assay

Test procedure or protocol

Enter citation(s) for test procedure or protocol (one on each box)

Remove

Add another citation for test procedure or protocol (search PubMed)

Confirmation of test results (ex. how does the lab confirm positive results: using new sample/different method) - Recommended

Not Provided

You may store or edit a comment here to describe the test, but to maximize connectivity with other databases we strongly recommend you provide test target data in the test targets section below. Example: the comment 'Bi-directional sequencing of exons 1-5 with concurrent analysis of NP_000000.0:p.Glu234Gly' can be entered as exons 1-5 as one test target and NP_000000.0:p.Glu234Gly as another. See the details here.

Test comment(s) (ex. is there additional information users should know about this test)

Remove

Add another test comment

★ Test Targets

Please add a test target to continue. Each test only needs one condition-test target relationship.

- **Test must have at least one explicit condition-target relationship**

Add test target

GTR Submission

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Example submission: SUB704030

Clinical test: Genetic test example for PRA

1 BASICS > 2 ORDERING > 3 INDICATION > 4 METHODOLOGY > 5 INTERPRETATION > 6 PERFORMANCE CHARACTERISTICS > 7 REVIEW & SUBMIT

Target

* Required field. ★ Completed field. Hover over ? to display help information.

Target is associated with

- [ ] Cystic fibrosis

Target is (To enable this section, please select a condition from the list above. Data entry will enhance discovery of your test in GTR.)

- ( ) Germline: select for hereditary conditions
- ( ) Somatic: select for cancer management tests and monitoring of non-hereditary disease such as transplantation rejection
- ( ) Both Germline and Somatic

★ Target is identified by ?

gene

Gene ?

CFTR: CF transmembrane conductance regulator Delete

Add another gene

Additional information

- ( ) Associated Reference Sequences and Exons
- ( ) Variants
- (•) None

Save target Cancel

Example submission: SUB704030

Clinical test: Genetic test example for PRA

Interpretation

Hover over ? to display help information.

Upload Sample Reports

Sample negative report - Recommended

Browse... No file selected.

Sample positive report - Recommended

Browse... No file selected.

Sample VUS report

Browse... No file selected.

Variants of Unknown Significance (VUS): Policy and Interpretation

What is the protocol for interpreting a variation as a VUS? - Recommended

Not Provided

What software is used to interpret novel variations?

What is the laboratory's policy on reporting novel variations? - Recommended

Not Provided

Are family members with defined clinical status recruited to assess significance of VUS without charge? - Recommended

(•) Yes ( ) No ( ) Decline to answer ( ) Not provided

Comments about recruiting family members to assess significance of VUS without charge - Recommended

Not Provided

Will the lab re-contact the ordering physician if variant interpretation changes? - Recommended

(•) Yes ( ) No ( ) Decline to answer ( ) Not provided

Comments about the laboratory procedure to re-contact the ordering physician - Recommended

Not Provided

Research performed after clinical testing is complete - Recommended

Not Provided

Save & continue

Example submission: SUB704030

Clinical test: Genetic test example for PRA

1 BASICS > 2 ORDERING > 3 INDICATION > 4 METHODOLOGY > 5 INTERPRETATION > 6 PERFORMANCE CHARACTERISTICS > 7 REVIEW & SUBMIT

Performance Characteristics

★ Required field. ★ Completed field. Hover over ? to display help information.

Availability

Identify where all components of the test are performed. Tests which are performed entirely out-of-house should not be registered. 'In-house' means within the lab/facility covered by the same CLIA certification number. Use text box to briefly describe components performed at an outside facility e.g., Specimen preparation - DNA isolation done in [location]. For Wet lab work done at an outside facility, briefly describe methodology and location performed.

★ **Test performance location(s)**

Test work	In-house	At an outside lab
Entire test	☑	
Specimen preparation	☐	☐
Wet lab work	☐	☐
Interpretation	☐	☐
Generate report	☐	☐

Comment on test performance location(s)

★ **Analytical validity**

Analytical specificity is 99%, sensitivity is 98%.

Enter citation(s) to support analytical validity (one on each box) Recommended

Not Provided — Remove

Add another citation to support analytical validity (search PubMed)

Assay limitation(s) - Recommended

Not Provided

Enter citation(s) to support assay limitation(s) (one on each box) - Recommended

Not Provided — Remove

Add another citation to support assay limitation(s) (search PubMed)

Quality Assurance

Is proficiency testing performed for this test? - Recommended

○ Yes ◉ No

Proficiency testing method - Recommended

Provider for proficiency testing - Recommended

Major CAP category	CAP category	CAP test list

Add another CAP test

Description of proficiency testing method - Recommended

Not Provided

Enter citation(s) to support the above statement (one on each box) - Recommended

Not Provided — Remove

Add another citation to support proficiency testing method (search PubMed)

Description of internal test validation method - Recommended

Not Provided

Enter citation(s) to support the above statement (one on each box) - Recommended

Not Provided — Remove

Add another citation to support internal test validation method (search PubMed)

Clinical Validity

Statement of clinical validity - Recommended

Not Provided

Enter citation(s) to support the above statement (one on each box) - Recommended

Not Provided — Remove

Add another citation to support clinical validity (search PubMed)

Clinical Utility - Recommended

How likely the test is to improve patient outcomes significantly. Provide references to recommendations or practice guidelines that have been issued by authoritative groups. If none available, labs may display a statement explaining that sufficient research has not been conducted to demonstrate the utility of the test.

Clinical utility

Category of clinical utility

URL to explain the clinical utility

Not Provided

Enter citation(s) to support the clinical utility (one on each box)

Not Provided — Remove

Add another citation to support the clinical utility (search PubMed)

Add another clinical utility

Save & continue

Example submission: SUB704030

Clinical test: Genetic test example for PRA

Summary

Submit

Basics

Name	Genetic test example for PRA
Test purpose	Diagnosis
Test-specific licenses	License#:

Ordering

Who can order the test	Genetic Counselor
Informed consent required	Decline to answer
Pre-test generic counseling required	Decline to answer
Post-test generic counseling required	Decline to answer
Test-specific services	Clinical Testing/Confirmation of Mutations Identified Previously
Test-specific additional services	Custom mutation-specific/Carrier testing
Specimen source(s)	• Amniocytes • Amniotic fluid • Bone marrow
Contact policy	Laboratory can only accept contact from health care providers. Patients/families are encouraged to discuss genetic testing options with their health care provider.

Condition/Phenotype: Cystic fibrosis

Mode of inheritance	Autosomal recessive inheritance
Disease mechanism	loss of function

Methodology

Test method(s)	Molecular Genetics, Sequence analysis of select exons, Next-Generation (NGS)/Massively parallel sequencing (MPS)

Test target(s)

Target is	germline
Identified by	gene: CFTR: CF transmembrane conductance regulator
Reference Sequence(s)	
Variant(s)	

Interpretation

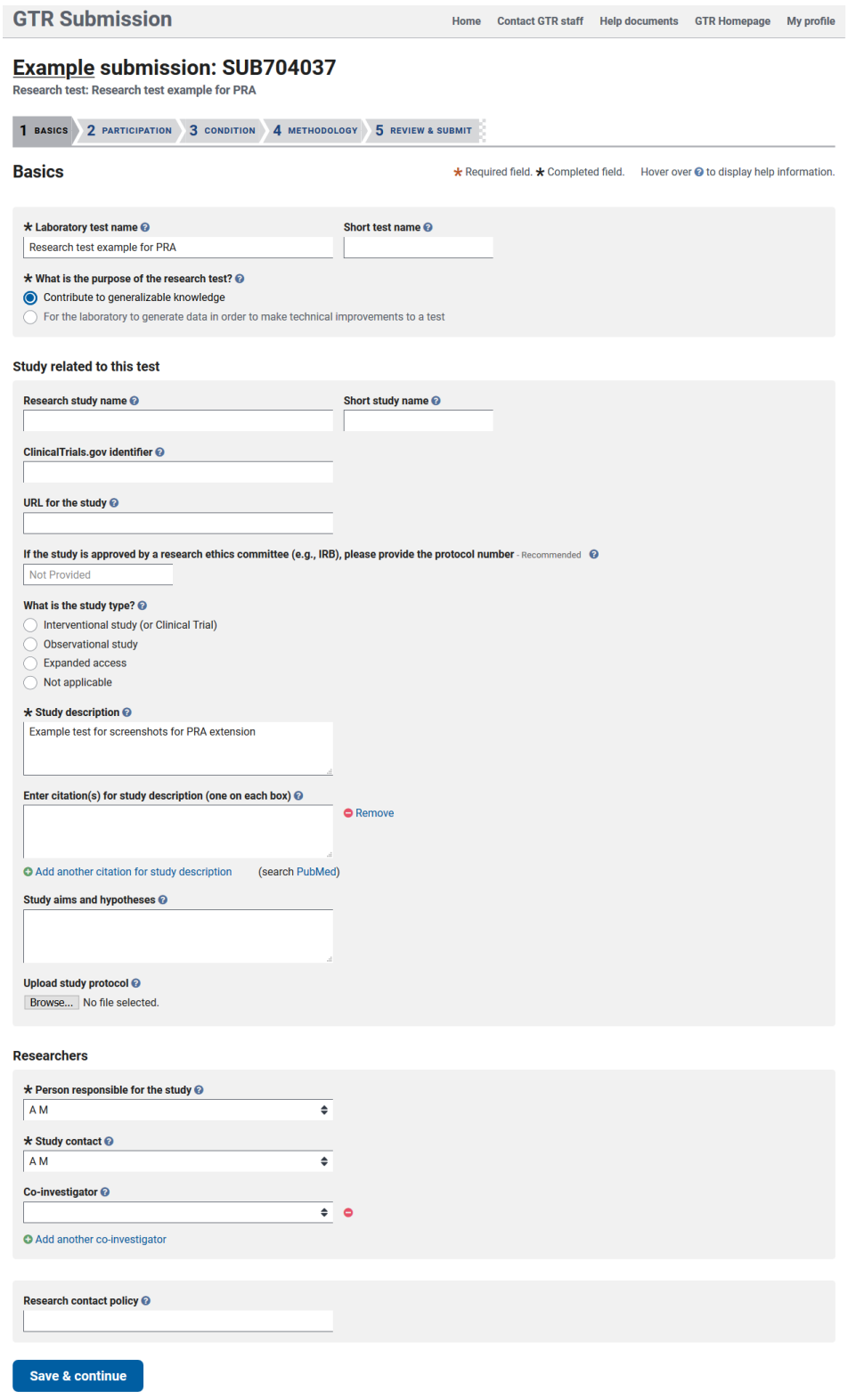
Are family members recruited to assess significance of VUS	yes
Will the lab re-contact the ordering physician if variant interpretation changes	yes

Performance characteristics

Test performance location(s)	Entire test: internal
Analytical validity	Analytical specificity is 99%, sensitivity is 98%.
Proficiency testing is performed for this test?	no

Submit

ADDING A RESEARCH TEST



Example submission: SUB704037

Research test: Research test example for PRA

1 BASICS | 2 PARTICIPATION | 3 CONDITION | 4 METHODOLOGY | 5 REVIEW & SUBMIT

Participation

* Required field. ★ Completed field. Hover over ? to display help information.

Upload participant consent form ?

Browse... No file selected.

Is the study currently recruiting participants? - Recommended ?

- ○ Yes
- ○ No
- ○ Unknown

Eligibility criteria - Recommended ?

Not Provided

Recruitment sites ?

Save & continue

Example submission: SUB704037

Research test: Research test example for PRA

1 BASICS > 2 PARTICIPATION > 3 CONDITION > 4 METHODOLOGY > 5 REVIEW & SUBMIT

Indication

* Required field. ✱ Completed field. Hover over ? to display help information.

This test has the following conditions/phenotypes

There is no indication information in this test. Please add an indication.

* Add conditions/phenotypes

Limit to:

- [ ] pharmacogenetic response conditions

HINT: Type the generic drug name, 'response' and/or 'hypersensitivity'

Type Condition/Phenotype to search

CF: Cystic fibrosis | Search

Select conditions/phenotypes included in this test:

- [ ] Ashkenazi Jewish disorders
  - [ ] Spongy degeneration of central nervous system
  - [ ] Niemann-Pick disease, type A
  - [ ] Familial dysautonomia
  - [ ] Bloom syndrome
  - [ ] Fanconi anemia, complementation group C
  - [ ] Mucolipidosis type IV
  - [ ] Cystic fibrosis
  - [ ] Tay-Sachs disease
    - [ ] Hexosaminidase A deficiency, adult type
    - [ ] Juvenile (Subacute) Hexosaminidase A Deficiency
  - [ ] Torsion dystonia
  - [ ] Gaucher's disease, type 1

Add selected conditions/phenotypes

Do you want to add a **novel condition** not in GTR? Add a novel condition

Continue to the methodology section

GTR Submission

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Example submission: SUB704037

Research test: Research test example for PRA

1 BASICS | 2 PARTICIPATION | 3 CONDITION | 4 METHODOLOGY | 5 REVIEW & SUBMIT

Condition/Phenotype Information

* Required field. ★ Completed field. Hover over ? to display help information.

* Condition/Phenotype name, please select from the autocomplete list ?

Indication type

disease

Condition/Phenotype name to be used for display in the GTR test page, if different from above ?

Synonyms

Suggest new synonyms

Add another synonym

Acronyms

Acronym to be used for display in the GTR test page, if different from above ?

Suggest new acronyms ?

Add another acronym

Mode of inheritance ?

Disease mechanism

Prevalence ?

URL for prevalence

Enter citation(s) for prevalence (one on each box) ?

Remove

Add another citation for prevalence (search PubMed)

Private comment about the condition/phenotype to GTR staff ?

Save | Cancel

GTR Submission

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Example submission: SUB704037

Research test: Research test example for PRA

1 BASICS | 2 PARTICIPATION | 3 CONDITION | 4 METHODOLOGY | 5 REVIEW & SUBMIT

Methodology

* Required field. ✱ Completed field. Hover over ? to display help information.

Test Method(s)

Method

✱ Major method category

Molecular Genetics

✱ Method category

Deletion/duplication analysis

✱ Primary Test Methodology

Next-Generation (NGS)/Massively parallel sequencing (MPS)

Instruments - Recommended

Affymetrix GeneChip Scanner 3000 7G Whole-Genome Asso...
Affymetrix GeneTitan® MC
Affymetrix HotStart-IT Probe qPCR Master Mix with UDG (2X)
Agilent 2100 Bioanalyzer
Agilent SureSelect
Applied Biosystems 3730 capillary sequencing instrument

Add another method

Platforms - Recommended

Affymetrix CytoScan HD Array
Affymetrix Gene Profiling Array cGMP U133 P2
Affymetrix GeneChip Human Genome U133 Plus 2.0 Array
Affymetrix GeneChip Human Mitochondrial Resequencing A...
Affymetrix Genome-Wide Human SNP Array 6.0
Affymetrix QuantiGene 2.0 Assay

Test procedure or protocol

Enter citation(s) for test procedure or protocol (one on each box)

Remove

Add another citation for test procedure or protocol (search PubMed)

Confirmation of test results (ex. how does the lab confirm positive results: using new sample/different method) - Recommended

Not Provided

You may store or edit a comment here to describe the test, but to maximize connectivity with other databases we strongly recommend you provide test target data in the test targets section below. Example: the comment 'Bi-directional sequencing of exons 1-5 with concurrent analysis of NP_000000.0:p.Glu234Gly' can be entered as exons 1-5 as one test target and NP_000000.0:p.Glu234Gly as another. See the details here.

Test comment(s) (ex. is there additional information users should know about this test)

Remove

Add another test comment

✱ Test Targets

Please add a test target to continue. Each test only needs one condition-test target relationship.

- **Test must have at least one explicit condition-target relationship**

Add test target

Example submission: SUB704037

Research test: Research test example for PRA

1 BASICS | 2 PARTICIPATION | 3 CONDITION | 4 METHODOLOGY | 5 REVIEW & SUBMIT

Target

* Required field. ★ Completed field. Hover over ? to display help information.

Target is associated with

- [x] Cystic fibrosis

Target is (To enable this section, please select a condition from the list above. Data entry will enhance discovery of your test in GTR.)

- (•) Germline: select for hereditary conditions
- ( ) Somatic: select for cancer management tests and monitoring of non-hereditary disease such as transplantation rejection
- ( ) Both Germline and Somatic

★ Target is identified by

gene

Gene

CFTR: CF transmembrane conductance regulator — Delete

Additional information

- ( ) Associated Reference Sequences and Exons
- (•) Variants
- ( ) None

Variants

Apply to: Cystic fibrosis

Relevant gene variant	Clinical significance of variant - Recommended	Enter citation(s) to support the clinical significance (one on each box) - Recommended
		Not Provided — Remove

Add another citation (search PubMed)

Add another variant

Save target | Cancel

Example submission: SUB704037

Research test: Research test example for PRA

1 BASICS > 2 PARTICIPATION > 3 CONDITION > 4 METHODOLOGY > 5 REVIEW & SUBMIT

Summary

Submit

Basics

Name	Research test example for PRA
Test purpose	Contribute to generalizable knowledge
Study name	
Study Description	Example test for screenshots for PRA extension
Person responsible for the study	A M
Study contact	A M
Contact policy	

Participation

Condition/Phenotype: Cystic fibrosis

Mode of inheritance	Autosomal recessive inheritance
Disease mechanism	loss of function

Methodology

Test method(s)	Molecular Genetics, Deletion/duplication analysis, Next-Generation (NGS)/Massively parallel sequencing (MPS)

Test target(s)

Target is	germline
Identified by	gene: CFTR: CF transmembrane conductance regulator
Reference Sequence(s)	
Variant(s)	:

Submit