Severe Combined Immunodeficiency (SCID) B-: Deletion/Duplication Panel

<table>
<thead>
<tr>
<th>Test Code</th>
<th>MD330</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnaround time</td>
<td>2 weeks</td>
</tr>
<tr>
<td>CPT Codes</td>
<td>81228 x1</td>
</tr>
</tbody>
</table>

**Condition Description**

Severe combined immunodeficiency (SCID) represents a group of rare, sometimes fatal, congenital disorders characterized by little or no immune response. The defining feature of SCID, commonly known as "bubble boy" disease, is a defect in the specialized white blood cells (B- and T-lymphocytes) that defend us from infection by viruses, bacteria, and fungi. Without a functional immune system, SCID patients are susceptible to recurrent infections such as pneumonia, meningitis, and chicken pox, and can die before the first year of life. SCID occurs with an estimated incidence of 1 in 75,000 births and is considered a pediatric emergency because of the potentially lethal outcome of recurrent or persistent infections suffered by SCID patients. Several monogenic causes with different modes of inheritance have been identified for SCID. Depending on the underlying genetic defect, different primary phenotypes associated with SCID have been characterized. Genetic testing for SCID can allow distinction between the various forms of this syndrome. Knowledge of the defective gene may have implications for treatment and prognosis. This knowledge may also enable more effective genetic counseling, in addition to facilitating identification of asymptomatic carriers and timely initiation of treatment in affected descendants of carriers.

T/B? SCID is caused by autosomal recessive mutations in several genes, some of which are necessary for antigen receptor rearrangement, RAG1, RAG2, and DCLRE1C (ARTEMIS). Defects in these genes lead to impaired development of both B and T cells, while NK-cell development is normal.

References:
- OMIM.
- GeneReviews.

**Genes**

- ADA
- DCLRE1C
- LIG4
- NHEJ1
- RAC2
- RAG1
- RAG2

**Indications**

This test is indicated for:

- Confirmation of a clinical diagnosis of Severe Combined Immunodeficiency (SCID) B-.

**Methodology**

**Deletion/Duplication Analysis:** DNA isolated from peripheral blood is hybridized to a gene-targeted CGH array to detect deletions and duplications. The targeted CGH array has overlapping probes that cover the entire genomic region. Please note that a "backbone" of probes across the entire genome are included on the array for analytical and quality control purposes. Rarely, off-target copy number variants causative of disease may be identified that may or may not be related to the patient's phenotype. Only known pathogenic off-target copy number variants will be reported. Off-target copy number variants of unknown clinical significance will not be reported.

**Detection**

**Deletion/Duplication Analysis:** Detection is limited to duplications and deletions. The CGH array will not detect point or intronic mutations. Results of molecular analysis must be interpreted in the context of the patient's clinical and/or biochemical phenotype.

**Specimen Requirements**

Submit only 1 of the following specimen types

**Type:** Whole Blood
Specimen Requirements:

In EDTA (purple top) tube:
- Infants (2 years): 3-5 ml
- Older Children & Adults: 5-10 ml.

Specimen Collection and Shipping: Ship sample at room temperature with overnight delivery.

**Type: Isolated DNA**

Specimen Requirements:

In microtainer: 10 ug

Isolation using the Qiagen™ Puregene kit for DNA extraction is recommended.

Specimen Collection and Shipping: Refrigerate until time of shipment in 100 ng/ul of TE buffer. Ship sample at room temperature with overnight delivery.

**Related Tests**

- Severe Combined Immunodeficiency (SCID) B-: Sequencing Panel
- Severe Combined Immunodeficiency (SCID) B+/B-: Sequencing Panel