NEW TEST

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Maternal Cell Contamination, Maternal Specimen

0050608, MCC MAT

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (K2EDTA), pink (K2EDTA), or yellow (ACD solution A or B)
Specimen Preparation:	Transport 2 mL whole blood. (Min: 1 mL)
Transport Temperature:	Preferred transport temp: Refrigerated. Also acceptable: Room temperature
Unacceptable Conditions:	Serum or plasma. Frozen, clotted, or severely hemolyzed samples.
Remarks:	A separate clinical report is not issued for this test. Maternal cell contamination results are reported as a component of the associated fetal diagnostic test(s) or as a component of MCC-FETAL (Maternal Cell Contamination, Fetal Specimen, ARUP test code 0051596) when requested as an isolated maternal cell contamination study.
Stability:	Room temperature: 1 week; Refrigerated: 1 month; Frozen: Unacceptable
Methodology:	Polymerase Chain Reaction (PCR) / Fragment Analysis
Note:	Do not order as a standalone test. This test must be paired with fetal or cord blood testing for one or more of the following assays. Achondroplasia (FGFR3) 2 Mutations, Fetal 0051265; Alpha Globin (HBA1 and HBA2) Sequencing and Deletion/Duplication, Fetal 3019566; Alpha Thalassemia (HBA1 and HBA2) Deletion/Duplication with reflex to Hb Constant Spring, Fetal 3003656; Angelman Syndrome and Prader-Willi Syndrome by Methylation-Specific MLPA, Fetal 3019803; Beta Globin (HBB) Sequencing, Fetal 3004550; Cystic Fibrosis (CFTR) Expanded Variant Panel, Fetal 2013662; Cytogenomic SNP Microarray - Fetal 2002366; Duchenne/Becker Muscular Dystrophy (DMD) Deletion/Duplication, Fetal 2011231; Familial Targeted Sequencing, Fetal 3005869; Fragile X (FMR1) with Reflex to Methylation Analysis, Fetal 2009034; Galactosemia, (GALT) 9 Mutations, Fetal 0051270; Hemophilia A (F8) 2 Inversions, Fetal 2001755;

	Holoprosencephaly Panel, Sequencing and Deletion/Duplication, Fetal 2008863; Huntington Disease (HD) CAG Repeat Expansion, Fetal 3019937; Kell K/k (KEL) Antigen Genotyping, Fetal 3016676; Maternal Cell Contamination, Fetal Specimen 0051596; Noonan Spectrum Disorders Panel, Sequencing, Fetal 2010769; Platelet Antigen Genotyping Panel, Fetal 3016673; Red Blood Cell Antigen Genotyping, Fetal 3016639; RhC/c (RHCE) Antigen Genotyping, Fetal 3016679; RhD Gene (RHD) Copy Number, Fetal 3016640; RhE/e (RHCE) Antigen Genotyping, Fetal 3016682; Skeletal Dysplasia Panel, Sequencing and Deletion/Duplication, Fetal 2012010; Spinal Muscular Atrophy (SMA) Copy Number Analysis, Fetal 2013444; Tuberous Sclerosis Complex Panel, Sequencing and Deletion/Duplication, Fetal 3002096; Maternal blood submitted without a corresponding fetal/cord blood test may incur processing charges.
CPT Codes:	CPT code is covered under Maternal Cell Contamination, Fetal Sample (0051596) or the gene specific fetal tests (refer to list under the Note section).
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

A potential risk associated with testing on prenatal or cord blood samples is maternal cell contamination (MCC). MCC can occur if maternal blood or tissue comes into contact with a prenatal or cord blood sample, such as during prenatal diagnostic procedures such as chorionic villus sampling, amniocentesis, or extraction of fetal blood from the umbilical cord (cord blood). If significant MCC is present in a fetal or cord blood specimen, the maternal DNA may interfere with the interpretation of diagnostic genetic testing performed on the fetal/cord blood specimen. Therefore, the results of prenatal testing may be compromised.

MCC testing is ideally performed by obtaining both fetal and maternal specimens for genotyping using short tandem repeat markers (STRs). The STR patterns from the maternal and fetal specimens are compared to assess for the presence of maternal cells.

Reference Interval:

HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.