TEST CHANGE

Cytogenomic SNP Microarray - Fetal

2002366, ARRAY FE

Specimen Requirements:	
Patient Preparation:	
Collect:	Fetal Specimen: Amniotic fluid OR chorionic villi in cytogenetic tissue media (ARUP Supply #32788). If cytogenetic tissue media is not available, collect in plain RPMI, Hanks solution, saline, or ringers. OR fetal urine, ascites fluid, pleural fluid, cystic hygroma fluid.
Specimen Preparation:	Do not freeze specimen or expose to extreme temperatures. Do not place in formalin. Transport 15-30 mL amniotic fluid in a sterile container OR 5-20 mg CVS in a sterile, screw-top container filled with tissue culture transport medium. Fetal urine, ascites fluid, pleural fluid, or cystic hygroma fluid: 4-15 mL in sterile tube.
Transport Temperature:	Room temperature (all specimens).
Unacceptable Conditions:	Frozen or fixed specimens.
Remarks:	
Stability:	Ambient: 48 hours; Refrigerated: Acceptable; Frozen: Unacceptable
Methodology:	Genomic Microarray (Oligo-SNP Array)
Performed:	Sun-Sat
Reported:	7-21 days
Note:	Maternal Cell Contamination: Maternal cell contamination studies recommended. For aArray AND amniotic fluid chromosomes, also order Chromosome Analysis, Amniotic fluid (ARUP test code 2002293). For aArray AND CVS chromosomes, also order Chromosome Analysis, Chorionic Villus (ARUP test code 2002291). For maternal cell contamination studies or if submitting maternal blood, order Maternal Cell Contamination, Maternal Specimen (ARUP test code 0050608) accompanied by a test request form for the mother (this test is performed at no charge). For questions regarding ordering please contact ARUP's genetic counselor at (800-)-242-2787 ext. 2141. A processing fee will be charged if this procedure is canceled, at the client's request, after the test has been set up, or if the

	specimen integrity is inadequate to allow culture growth. The fee will vary based on specimen type. Turnaround times may be delayed if specimens are suboptimal or culturing is required prior to testing. This test must be ordered using Cytogenetic test request form 43098 or through your ARUP interface. Please submit the Patient History for Prenatal Cytogenetics form with the electronic packing list (http://ltd.aruplab.com/Tests/Pdf/65).
CPT Codes:	81229; 81265 Fetal Cell Contamination (FCC)
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:

See report.
~~This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.~~

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:

By report