

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.~~
New York State Clients: Discard first 2 mL of fluid aspirated to avoid maternal cell contamination.

Maternal Specimen: Refer to Maternal Cell Contamination, Maternal Specimen (0050608) for maternal specimen requirements.

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.~~
New York State Clients: Specimen is collected in a 20 mL sterile syringe and transferred aseptically to sterile tubes. Specimen must be received at performing laboratory within 48 hours of collection. For specimen requirements and direct submission instructions please contact ARUP Referral Testing at 800-242-2787 ext. 5161.

Transport Temperature: Preferred transport temp: Room temperature, ~~(all specimens)~~ received within 48 hours.

Unacceptable Conditions: Frozen or fixed specimens.

Remarks: Counseling and informed consent are recommended for genetic testing.
New York State Clients: Must submit specimen with Labcorp's Informed Consent and Prenatal Chromosome SNP Microarray Questionnaire

Stability: Room temperature: 2 days~~All specimen types: Ambient: 48 hours~~; Refrigerated: 2 days~~48 hours~~ Acceptable; Frozen: Unacceptable

Methodology: Genomic Microarray (Oligo-SNP Array)

Note: ~~Maternal Cell Contamination: Maternal cell contamination studies recommended.~~ For array AND amniotic fluid chromosomes, also order Chromosome Analysis, Amniotic fluid

(ARUP test code 2002293). For array 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:

~~Refer to report. See report.~~

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

Reference Interval:

~~Refer to~~ By report