

TEST CHANGE

Cytogenomic SNP Microarray
2003414, CMA SNP
Specimen Requirements:

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Patient Preparation:	
Collect:	Collect: Green (Sodium Heparin). Peripheral blood in green (sodium heparin) or lavenderrequired. Also acceptable: Lavender (K2EDTA), cord blood in green (sodium heparin) or lavender (K2EDTA), or PUBS in green (sodium heparin) or lavender (K2EDTA)). New York State Clients: Green (sodium heparinSodium Heparin) AND [Lavender (K2EDTA).
Specimen Preparation:	Whole Blood, Cord Blood, & PUBS: Transport 5 mL whole blood. (Min: 1 mL).) New York State Clients: Transport 4 mL whole blood in the original green (sodium heparinGreen (Sodium Heparin) tube and 3 mL whole blood in the original Leavender (K2EDTA) tube. (Min: 2 mL sodium heparinSodium Heparin and 2 mL EDTA).
Transport Temperature:	Whole Blood, Cord Blood, & PUBS: Room temperature.
Unacceptable Conditions:	Clotted specimens.
Remarks:	
Stability:	<u>Whole Blood, Cord Blood, & PUBS:</u> Ambient: 48 hours; Refrigerated: 72 hours; Frozen: Unacceptable New York State Clients: Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Genomic Microarray (Oligo-SNP Array)
Performed:	Sun-Sat
Reported:	10-14 days
Reported: Note:	10-14 days This test must be ordered using a Cytogenetic test request form 43097 or through your ARUP interface. Please submit the Genomic Microarray Patient Clinical Information Form with the electronic packing list (http://ltd.aruplab.com/Tests/Pdf/76).
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Interpretive Data:

Refer to report. Refer to 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: