

TEST CHANGE

Cytogenomic SNP Microarray

2003414, CMA SNP

Specimen Requirements:

Patient Preparation:

Collect: ~~Collect: Peripheral or blood in green (sodium heparin) or 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 heparin) AND lavender (K2EDTA).

Specimen Preparation: ~~Whole Blood, Cord Blood, & PUBS:~~ Transport 5 mL (Min: 1 mL).
New York State Clients: Transport 4 mL ~~whole blood in the original~~ green (sodium heparin) (Min: 2 mL) tube and 3 mL ~~whole blood in the original~~ lavender (K2EDTA) tube. (Min: 2 mL sodium heparin and 2 mL EDTA).

Transport Temperature: ~~Preferred transport temp~~ ~~Whole Blood, Cord Blood, & PUBS:~~ Room temperature.

Unacceptable Conditions: ~~Frozen or clotted~~ Clotted specimens, ~~frozen~~

Remarks:

Stability: ~~Room temperature: 2 days~~ ~~Whole Blood, Cord Blood, & PUBS: Ambient: 48 hours;~~ Refrigerated: ~~3 days~~ 72 hours;
Frozen: Unacceptable
New York State Clients: ~~Room temperature~~ Ambient: 1 week;
Refrigerated: 1 week; Frozen: Unacceptable

Methodology: Genomic Microarray (Oligo-SNP Array)

Note: This test must be ordered using a Cytogenetic test request form 43097 or through your ARUP interface. Please submit the Genomic Microarray Patient ~~History~~ ~~Clinical Information~~ Form with the electronic packing list (<http://ltd.aruplab.com/Tests/Pdf/76>).

CPT Codes: 81229

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.~~ ~~Refer to report.~~

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

Reference Interval:

