

TEST CHANGE

Genomic SNP Microarray, Products of Conception

2005633, ARRAY POC

Specimen Requirements:

Patient Preparation:

Collect: Thaw media prior to tissue inoculation. Products of conception in a sterile, screw-top container (~~w~~Wide -mouth containers: ARUP supply #42710) filled with tissue culture transport medium (ARUP ~~s~~Supply #32788). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at ~~(800-)~~522-2787. If cytogenetics tissue media is not available, collect in plain RPMI, Hanks solution, sterile saline, or ringers. If autopsy is performed: Facia lata, diaphragm, tendon, skin, tissue from internal organs (if fresh), chest wall cartilage (particularly if macerated) or placenta from fetal side. ~~If~~ no autopsy is performed: Placenta from fetal side is preferred (~~eg.e.g.~~ villi). Also acceptable: Skin (POC), Cord Tissue, Umbilical cord, Decidua, or Achilles tendon.

Specimen Preparation: Do not place in formalin. Transport products of conception, skin (POC), cord tissue, or decidua (min: 5mg) in sterile, screw-top container filled with tissue transport medium. If specimen size is too large for a normal collection tube, a larger sterile container can be used such as a sterile urine cup and can be flooded with several tubes of cytogenetic tissue media.

Transport Temperature: Room temperature (fresh tissue or culture flask). Also acceptable: Refrigerated or frozen.

Unacceptable Conditions: Intact fetus. Specimens preserved in formalin. ~~Specimens consisting of maternal tissue (decidua) only.~~ Autolyzed or contaminated specimens.
Skin (POC), Decidua: formalin fixed. Cord Tissue: formalin fixed, decomposed.

Remarks: If specimen collection time is greater than 72 hours, testing may be compromised. The laboratory will make every attempt to culture the specimen. Send specimen to lab for testing.
NOTE: Decidua is acceptable but represents maternal rather than fetal tissue.

Stability: Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Indefinitely

Methodology: Genomic Microarray (Oligo-SNP Array)

Performed: Sun-Sat

Reported: 14-21 days

Note: A processing fee will be charged if this procedure is canceled, at the client's request, after the test has been set up. 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

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.~~

~~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: