

TEST CHANGE

Spinal Muscular Atrophy (SMA) Copy Number Analysis, Fetal

2013444, SMA DD FE

Specimen Requirements:

Patient Preparation:

Collect: Fetal Cultured amniocytes or Cultured CVS AND Maternal Whole Blood Specimen: Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A or B).

Specimen Preparation: Cultured Amniocytes or Cultured CVS: Transfer cultured amniocytes or cultured CVS to two T-25 flasks at 80 percent confluence (Min: one T-25 flask at 80 percent confluence). Backup cultures must be retained at the client's institution until testing is complete. If ARUP receives a sample below the minimum confluence, Cytogenetics Grow and Send (ARUP test code 0040182) will be added on by ARUP, and additional charges will apply. If clients are unable to culture specimens, Cytogenetics Grow and Send should be added to initial order. Maternal Whole Blood Specimen: Transport 2 mL whole blood. (Min: 1 mL)

Transport Temperature: Cultured Amniocytes or Cultured CVS: CRITICAL ROOM TEMPERATURE. Must be received within 48 hours of collection due to viability of cells. Maternal Whole Blood Specimen : Room temperature.

Unacceptable Conditions:

Remarks:

Stability: Cultured Amniocytes or Cultured CVS: Room temperature: 48 hours; Refrigerated: Unacceptable; Frozen: Unacceptable
Maternal Whole Blood Specimen: Room Temperature: 7 days; Refrigerated: 1 month; Frozen: Unacceptable

Methodology: Multiplex Ligation-Dependent Probe Amplification (MLPA)

Note:

CPT Codes: 81329; 81265 Fetal Cell Contamination (FCC)

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Refer to report.

Reference Interval:

By report

HOTLINE NOTE: There is a component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.



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Effective Date: **April 20, 2026**