HOTLINE: Effective November 15, 2021

New Test **3004273** **Cytogenomic Molecular Inversion Probe Array FFPE Tissue - Products of Conception** **CMAPFFPE**

Cytogenetic Test Request Form Recommended (ARUP form #43098)

Patient History for Prenatal Cytogenetics

Additional Technical Information

Supplemental Resources

Methodology: Molecular Inversion Probe Array
Performed: Sun-Sat
Reported: 14-21 days

Specimen Required: Collect: Fetal autopsy or products of conception.
Specimen Preparation: **FFPE Fetal tissue:** Transport ten slides, each with 5 µm unstained sections or four 20 µm scrolls or tissue block.
OR FFPE villi: Transport one H&E stained slide and ten slides, each with 5 µm unstained sections or tissue block.
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.
Remarks: If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.
Unacceptable Conditions: Specimens fixed or processed in alternative fixatives or heavy metal fixatives (B-4 or B-5).
Stability (collection to initiation of testing): Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Interpretive Data:
For detection of copy number alterations and loss of heterozygosity in FFPE specimens.
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.

Note: If sending placenta instead of fetal tissue, at least 80% villi for products of conception specimens.

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 Code(s): 88381; 81229

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.