

**NEW TEST**

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**Cytogenomic SNP Microarray, Family-Specific Variant**

3005694, ARRAY FSV

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Green (sodium heparin). Peripheral blood required. Also acceptable: Lavender (K2EDTA). OR one buccal swab using the Oracollect collection kit ensuring the sponge tip does not come in contact with any surface prior to collection. Donor should not eat, drink, smoke, or chew gum for 30 minutes before collecting oral sample. OR cultured fibroblasts. If direct sample from skin biopsy is sent to ARUP, additional culture charges will apply. If sending skin, please order Cytogenetic Grow and Send (ARUP test code 0040182) in addition to this test and ARUP will culture upon receipt (culturing fees will apply). If you have any questions, contact ARUP's Genetics Processing at 800-522-2787 ext. 3301. If the client is unable to culture, order test Cytogenetics Grow and Send (ARUP test code 0040182) in addition to this test and ARUP will culture upon receipt (culturing fees will apply). If you have any questions, contact ARUP's Genetics Processing at 800-522-2787 ext. 3301.

**Specimen Preparation:** Whole Blood: Transport 5 mL in original collection tube. (Min: 2 mL) Buccal Swab: Transport buccal swab in ORAc collect Collection kit (ARUP supply #49295). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. Cultured fibroblasts: Two T-25 flasks at 80 percent confluency. Fill flasks with culture media. Backup cultures must be maintained at the client's institution until testing is complete.

**Transport Temperature:** Whole Blood: Room temperature Buccal: Ambient Cultured fibroblasts: Ambient: 48 hours; Refrigerated: 48 hours

**Unacceptable Conditions:** Frozen specimens. Clotted specimens.

**Remarks:** Documentation of the familial copy number variant (CNV) is required to perform targeted array analysis. Submit a copy of a relative's laboratory test report documenting the CNV for which testing is requested or include the ARUP accession number of the proband.

**Stability:** Whole Blood: Ambient 48 hours; Refrigerated: 72 hours; Frozen: Unacceptable Buccal: Ambient 7 days; Refrigerated:

Unacceptable; Frozen: Unacceptable Cultured fibroblasts:  
Ambient 48 hours; Refrigerated 48 hours; Frozen: Unacceptable

Methodology:	Genomic Microarray (Oligo-SNP Array)
Performed:	Sun-Sat
Reported:	10-14 days
Note:	Order this test to identify a known deletion or duplication, identified by microarray, in a family member.
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.	
Reference Interval:	

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