

TEST CHANGE

Cytogenomic SNP Microarray, Family-Specific Variant

3005694, ARRAY FSV

Specimen Requirements:

Patient Preparation:	<u>If collecting buccal swab: patient should not eat, drink, smoke, or chew gum for 30 minutes before collection.</u>
Collect:	<p>Green (sodium heparin) or lavender. Peripheral blood required. Also acceptable: Lavender (K2EDTA) whole blood.</p> <p>OR one buccal swab using the Oracollect collection kit (ARUP supply #49295). Available online through eSupply using ARUP Connect or <u>ensuring the sponge tip does not come in contact ARUP Client Services at 800-522-2787. with any surface prior to collection.</u></p> <p>Donor should not eat, drink, smoke, or chew gum for 30 minutes before collecting oral sample.</p> <p>OR cultured fibroblasts. If <u>unable to culture or sending</u> direct sample from skin, biopsy is sent to ARUP, additional culture charges will apply. If sending skin, please also order Cell Culture for Genetic Testing <u>Cytogenetic Grow and Send</u> (ARUP test code 3020627 <u>0040182</u>) 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.</p> <p>If the client is unable to culture, order test <u>Cytogenetics Genetic Counselor (ext. 2141) or CytoMSSGCs@aruplab.com</u> <u>Grow and Send</u> (ARUP test code <u>0040182</u>) 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.</p>
Specimen Preparation:	<p>Whole Blood: Transport 5 mL in original collection tube. (Min: 2 mL)</p> <p>Buccal Swab: <u>ensure the sponge tip does not come in contact with any surface prior to collection.</u> Transport buccal swab in ORAcollect Collection kit (ARUP supply #49295). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.</p> <p>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.</p>
Transport Temperature:	<p><u>Preferred transport temps:</u></p> <p>Whole Blood <u>or buccal swab</u>: Room temperature Buccal: Ambient</p> <p>Cultured fibroblasts: <u>Room temperature: 2 days</u> Ambient: 48 hours; Refrigerated: <u>2 days</u> 48 hours</p>
Unacceptable Conditions:	Frozen <u>or clotted</u> specimens. <u>Clotted</u> 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.

[Counseling and informed consent are recommended for genetic testing. Consent forms are linked above.](#)

[New York Clients: informed consent is required with submission.](#)

Stability:

Whole ~~blood: Room temperature: 2 days~~ ~~Blood: Ambient 48 hours~~; Refrigerated: ~~3 days~~ ~~72 hours~~; Frozen: Unacceptable
Buccal ~~swab: Room temperature: 1 week~~ ~~Ambient 7 days~~; Refrigerated: ~~1 week~~ ~~Unacceptable~~; Frozen: Unacceptable
Cultured fibroblasts: ~~Room temperature: 2 days~~ ~~Ambient 48 hours~~; Refrigerated: ~~2 days~~ ~~48 hours~~; Frozen: Unacceptable

Methodology:

Genomic Microarray (Oligo-SNP Array)

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: