NEW TEST

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Cell Culture for Genetic Testing

3020627, CGCELLCULT

Specimen Requirements:	
Patient Preparation:	
Collect:	Amniotic fluid OR chorionic villi in cytogenetic tissue media (ARUP Supply #32788). If cytogenetic tissue media is not available, collect in plain RPMI, Hanks solution, sterile saline, or ringers. New York State Clients: Discard first 2 mL of fluid aspirated to avoid maternal cell contamination. Skin biopsy OR Product of Conception (POC): Place tissue in a sterile, screw-top container filled with thawed Cytogenetic Tissue Media (ARUP Supply #32788). Available online through eSupply using ARUP Connect. If Cytogenetic Tissue Media is not available, collect in plain RPMI, Hanks (HBSS), 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 (e.g., villi). Also acceptable: Umbilical cord or achilles tendon.
Specimen Preparation:	Do not freeze any specimen submitted or expose to extreme temperatures. Do not place in formalin. Amniotic fluid: Transport 30 mL amniotic fluid (min: 15 ml) in a sterile tube. Chorionic Villi: 20 mg (min: 5mg) in a sterile, screw-top container filled with Cytogenetic Tissue Media. New York State Clients: Specimen is collected in a 20 mL sterile syringe and transferred aseptically to sterile tubes. Specimen must be received at performing laboratory within 48 hours of collection. Skin biopsy: Transport a 4 mm skin biopsy in a sterile, screw-top container filled with tissue transport media. Product of Conception(POC): Transport POC, 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. Cultured skin fibroblasts: 2 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:	Amniotic fluid, chorionic villi, skin OR POC sample: Room temperature. Cultured skin fibroblasts: Critical room temperature.
Unacceptable Conditions:	Frozen specimens. Specimens preserved in formalin.
Remarks:	
Stability:	Amniotic fluid, chorionic villi, skin OR POC sample: Room Temperature: 2 days; Refrigerated: 2 days; Frozen: Unacceptable Cultured skin fibroblasts: Room Temperature: 2 days; Refrigerated: Unacceptable; Frozen: Unacceptable
Methodology:	Cell Culture
Note:	Desired tests must be indicated on the request form that accompanies the specimen. Cultured samples requested for frozen storage will be held for 6 months then discarded. Please note that contamination by maternal cells may interfere with attempts to culture cells and may cause interpretive problems. Cell culturing should only be ordered in conjunction with testing at ARUP Laboratories OR for clients who utilize ARUP Laboratories as their primary cytogenetics laboratory. To confirm if it is appropriate to order cell culturing, please contact an ARUP genetic counselor at 800-242-2787 ext. 2141. Cytogenetics Cell Culture for Genetic Testing includes a base cost for case management and review. Additional charges will apply if the following processing is required: 1. Culture Processing 3020744 AF/CVS 3020743 Skin/POC 2. Subculturing for total required flasks 3020735 AF/CVS 2 flasks

3020736 AF/CVS 3 flasks

3020944 AF/CVS 4 flasks

3020737 AF/CVS 5 flasks

3020947 AF/CVS 6 flasks

3020738 AF/CVS 7 flasks

3020949 AF/CVS 8 flasks

3020631 Tissue 2 flasks

3020721 Tissue 3 flasks

3020937 Tissue 4 flasks

3020723 Tissue 5 flasks

3020939 Tissue 6 flasks

3020728 Tissue 7 flasks

3020942 Tissue 8 flasks

3020729 Tissue 1 T25, 1 T75 flasks

3020730 Tissue 2 T25, 1 T75 flasks

3. 3020739 Cryopreservation

CPT Codes:	88233, 88235, 88240
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	

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