MAYO CLINIC LABORATORIES

Test Definition: CHRAF

Chromosome Analysis, Amniotic Fluid

Reporting Title: Chromosomes, Amniotic Fluid
Performing Location: Rochester

Ordering Guidance:

This test should be performed for prenatal diagnostic purposes only. A chromosomal microarray (CMAP / Chromosomal Microarray, Prenatal, Amniotic Fluid/Chorionic Villus Sampling) is recommended, rather than chromosomal analysis, to detect clinically relevant gains or losses of chromosomal material in pregnancies with 1 or more major structural abnormalities. Chromosomal microarray can also be considered, rather than chromosome analysis, for patients undergoing invasive prenatal diagnostic testing with a structurally normal fetus.

Portions of the specimen may be used for other tests, such as measuring markers for neural tube defects (eg, AFPA / Alpha-Fetoprotein, Amniotic Fluid), molecular genetic testing, biochemical testing, and fluorescence in situ hybridization testing (including PADF / Prenatal Aneuploidy Detection, FISH). If additional molecular genetic or biochemical genetic testing is needed, order CULAF / Culture for Genetic Testing, Amniotic Fluid so amniocyte cultures may be set up specifically for the use in these tests.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

Provide a reason for referral and gestational age with each specimen and verify the specimen source. The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed.

Specimen Requirements:

Specimen Type: Amniotic fluid
Submission Container/Tube: Centrifuge tube
Specimen Volume: 20 to 25 mL
Collection Instructions:
1. Optimal timing for specimen collection is during 14 to 18 weeks of gestation, but specimens collected at other weeks of gestation are also accepted.
2. Discard the first 2 mL of amniotic fluid.
3. If ordering with PADF / Prenatal Aneuploidy Detection, FISH, submit a minimum of 14 mL.
4. If ordering with CMAP / Chromosomal Microarray, Prenatal, Amniotic Fluid/Chorionic Villus Sampling, submit a minimum of 24 mL.
5. If ordering with both PADF and CMAP, then submit a minimum of 26 mL.
Additional Information:
1. Unavoidably, about 1% to 2% of mailed-in specimens are not viable.
2. If the specimen does not grow in culture, the client will be notified within 7 days of receipt.
3. Bloody specimens are undesirable.

Specimen Type: Fetal body fluid
Container/Tube: Sterile tube
Specimen Volume: Entire specimen
Additional Information:
1. If the specimen does not grow in culture, the client will be notified within 7 days of receipt.

2. Clearly indicate on tube and paperwork that specimen is fetal body fluid.

Forms:

New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file. The following documents are available:

-Informed Consent for Genetic Testing (T576)

-Informed Consent for Genetic Testing-Spanish (T826)

Specimen Type	Temperature	Time	Special Container
Amniotic Fld	Refrigerated (preferred)		
	Ambient		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CHRAF	CG765	Reason for Referral	Plain Text	Yes
CHRAF	CG766	Specimen	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52297	Result Summary	Alphanumeric		50397-9
52299	Interpretation	Alphanumeric		69965-2
52298	Result	Alphanumeric		82939-0
CG765	Reason for Referral	Alphanumeric		42349-1
CG766	Specimen	Alphanumeric		31208-2
52300	Source	Alphanumeric		31208-2
52302	Method	Alphanumeric		85069-3
52301	Banding Method	Alphanumeric		62359-5
54640	Additional Information	Alphanumeric		48767-8
52303	Released By	Alphanumeric		18771-6

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88235, 88291-Tissue culture for amniotic fluid or chorionic villus cells, Interpretation and report

88269 w/modifier 52-Chromosome analysis, in situ for amniotic fluid cells, <6 colonies, 1 karyotype with banding (if appropriate)

88269-Chromosome analysis, in situ for amniotic fluid cells, 6 or greater colonies, 1 karyotype with banding (if appropriate)

88267, 88285-Chromosome analysis, amniotic fluid or chorionic villus, greater than 15 cells, 1 karyotype with banding (if appropriate)
88267 w/modifier 52-Chromosome analysis, amniotic fluid or chorionic villus, <15 cells, 1 karyotype with banding (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
_ML15	Metaphases, <15	1	88267	No	No, (Bill Only)
_M15	Metaphases, 15	1	88267	No	No, (Bill Only)
_MG14	Metaphases, >15	1	88267	No	No, (Bill Only)
_COL1	Colonies, 1-5	1	88269	No	No, (Bill Only)
_COL6	Colonies, 6+	1	88269	No	No, (Bill Only)
_KTG1	Karyotypes, >1	1	88280	No	No, (Bill Only)
_STAC	Ag-Nor/CBL Stain	1	88283	No	No, (Bill Only)

Reference Values:

An interpretative report will be provided.