

Reporting Title: Chromosomal Microarray, Blood

Performing Location: Rochester

**Ordering Guidance:**

This test is **not appropriate** for detecting acquired copy number changes and excessive homozygosity. If this test is ordered with a reason for testing indicating a hematological disorder, the test will be canceled and CMAH / Chromosomal Microarray, Hematologic Disorders, Varies will be ordered and performed as the appropriate test.

**Necessary Information:**

The reason for testing is required.

**Specimen Requirements:**

This test requires 2 blood specimens: 1 sodium heparin and 1 EDTA. Submit only 1 of the following specimens:

**Specimen Type:** Whole blood

**Container/Tube:** Green top (sodium heparin) **and** lavender top (EDTA)

**Specimen Volume:** 3-mL EDTA tube **and** 4-mL sodium heparin tube

**Collection Instructions:**

1. Invert several times to mix blood.
2. Send whole blood specimens in original tubes. **Do not aliquot.**

**Specimen Type:** Cord blood

**Container/Tube:** Green top (sodium heparin) **and** lavender top (EDTA)

**Specimen Volume:** 3-mL EDTA tube **and** 4-mL sodium heparin tube

**Note:** The lab will attempt testing on a minimum of 1-mL whole blood, EDTA preferred.

**Collection Instructions:**

1. Invert several times to mix blood.
2. Send cord blood specimens in original tubes. **Do not aliquot.**
3. Label specimen as cord blood.

**Forms:**

1. **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)
2. [Chromosomal Microarray Patient Information](#) (T665)
3. [Family Member Phenotype Information for Genomic Testing](#)
4. If not ordering electronically, complete, print, and send a [Neurology Specialty Testing Client Test Request](#) (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)		
	Refrigerated		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CMACB	CG779	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52399	Result Summary	Alphanumeric		50397-9
52400	Result	Alphanumeric		82939-0
54643	Nomenclature	Alphanumeric		62378-5
52401	Interpretation	Alphanumeric		69965-2
CG779	Reason For Referral	Alphanumeric		42349-1
54713	Specimen	Alphanumeric		31208-2
52402	Source	Alphanumeric		31208-2
52403	Method	Alphanumeric		85069-3
52404	Released By	Alphanumeric		18771-6
55128	Additional Information	Alphanumeric		48767-8

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

Supplemental Report:

No

CPT Code Information:

81229

Reference Values:

An interpretive report will be provided.