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**Reporting Title:** Maternal Cell Contamination, B**Performing Location:** Rochester**Ordering Guidance:**

If a prenatal specimen has already been submitted as part of another diagnostic test, a second prenatal specimen is not required. If a prenatal specimen has not yet been submitted, submit only 1 prenatal specimen.

**Additional Testing Requirements:**

A maternal specimen and a prenatal specimen are both required.

-This test must be ordered on both the prenatal and maternal specimens under separate order numbers.

**Shipping Instructions:**

Specimen preferred to arrive within 96 hours of collection.

**Specimen Requirements:**

**Patient Preparation:** A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

**Specimen Type:** Maternal blood

**Container/Tube:**

**Preferred:** Lavender top (EDTA) or yellow top (ACD)

**Acceptable:** Any anticoagulant

**Specimen Volume:** 3 mL

**Collection Instructions:**

1. Invert several times to mix blood.
2. Send specimen in original tube.

**Specimen Stability Information:** Ambient (preferred)/Refrigerated

**Prenatal Specimens:**

**Submit only 1 of the following specimens:**

**Specimen Type:** Cord blood

**Container/Tube:**

**Preferred:** Lavender top (EDTA) or yellow top (ACD)

**Acceptable:** Any anticoagulant

**Specimen Volume:** 3 mL

**Collection Instructions:**

1. Invert several times to mix blood.
2. Send specimen in original tube.

**Specimen Stability Information:** Ambient (preferred)/Refrigerated

**Specimen Type:** Amniotic fluid

**Container/Tube:** Amniotic fluid container

**Specimen Volume:** 20 mL

**Additional Information:** A separate culture charge will be assessed under CULAF / Culture for Genetic Testing, Amniotic

Fluid.

**Specimen Stability Information:** Refrigerated (preferred)/Ambient

**Specimen Type:** Cultured amniocytes

**Container/Tube:** T-25 flask

**Specimen Volume:** 2 full flasks

**Collection Instructions:** Submit confluent cultured cells from another laboratory.

**Specimen Stability Information:** Ambient (preferred)/Refrigerated

**Specimen Type:** Chorionic villi

**Container/Tube:** 15-mL tube containing 15 mL of transport media

**Specimen Volume:** 20 mg

**Additional Information:** A separate culture charge will be assessed under CULFB / Fibroblast Culture for Genetic Testing, Tissue.

**Specimen Stability Information:** Refrigerated

**Specimen Type:** Cultured chorionic villi

**Container/Tube:** T-25 flasks

**Specimen Volume:** 2 full flasks

**Collection Instructions:** Submit confluent cultured cells from another laboratory.

**Specimen Stability Information:** Ambient (preferred)/Refrigerated

**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 in Special Instructions:

[-Informed Consent for Genetic Testing \(T576\)](#)

[-Informed Consent for Genetic Testing-Spanish \(T826\)](#)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
53285	Result Summary	Alphanumeric		50397-9
53286	Result	Alphanumeric		40704-9
53287	Interpretation	Alphanumeric		69047-9
53288	Reason for referral	Alphanumeric		42349-1
53289	Specimen	Alphanumeric		31208-2
53290	Source	Alphanumeric		31208-2
53291	Released By	Alphanumeric		18771-6
55150	Method	Alphanumeric		85069-3

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

Supplemental Report:

No

CPT Code Information:

81265

Fibroblast Culture for Genetic Test

88233-(if appropriate)

88240-(if appropriate)

Amniotic Fluid Culture/Genetic Test

88235-(if appropriate)

88240-(if appropriate)

Each additional specimen

81266

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CULFB	Fibroblast Culture for Genetic Test	1	88233	No	Yes
CULAF	Amniotic Fluid Culture/Genetic Test	1	88235	No	Yes
_STR1	Comp Analysis using STR (Bill only)	1	81265	No	No, (Bill only)
_STR2	Add'l comp analysis w/STR (Bill Only)	1	81266	No	No, (Bill only)

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CULAF	52304	Result Summary	Alphanumeric		50397-9
CULAF	52306	Interpretation	Alphanumeric		69965-2
CULAF	52305	Result	Alphanumeric		82939-0
CULAF	CG767	Reason for Referral	Alphanumeric		42349-1
CULAF	52307	Specimen	Alphanumeric		31208-2
CULAF	52308	Source	Alphanumeric		31208-2
CULAF	52309	Method	Alphanumeric		85069-3
CULAF	54641	Additional Information	Alphanumeric		48767-8
CULAF	52310	Released By	Alphanumeric		18771-6
CULFB	52327	Result Summary	Alphanumeric		50397-9
CULFB	52329	Interpretation	Alphanumeric		69965-2
CULFB	52328	Result	Alphanumeric		82939-0
CULFB	CG770	Reason for Referral	Alphanumeric		42349-1

Test Definition: MATCC

Maternal Cell Contamination, Molecular  
Analysis, Varies

CULFB	CG899	Specimen	Alphanumeric		31208-2
CULFB	52331	Source	Alphanumeric		31208-2
CULFB	52332	Method	Alphanumeric		85069-3
CULFB	54625	Additional Information	Alphanumeric		48767-8
CULFB	52333	Released By	Alphanumeric		18771-6

Reference Values:

An interpretative report will be provided.