

Reporting Title: Y Microdeletion
Performing Location: Rochester

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: Whole 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 whole blood specimen in original tube. **Do not aliquot.**

Forms:
1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file
-[Informed Consent for Genetic Testing](#) (T576)
-[Informed Consent for Genetic Testing-Spanish](#) (T826)
2. [Molecular Genetics: Congenital Inherited Diseases Patient Information](#) (T521)

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		
	Frozen		
	Refrigerated		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
53364	Result Summary	Alphanumeric		50397-9
53365	Result	Alphanumeric		82939-0
53366	Interpretation	Alphanumeric		69047-9
53367	Specimen	Alphanumeric		31208-2
53368	Source	Alphanumeric		31208-2
53369	Released By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

81403-DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd)