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**Reporting Title:** Zygosity Testing (Multiple Births)**Performing Location:** Rochester**Shipping Instructions:**

Specimen preferred to arrive within 96 hours of collection.

**Necessary Information:****A blood specimen from both parents, in addition to a specimen from each multiple, is required.****Specimen Requirements:****Patient Preparation:** A previous bone marrow transplant from an allogenic donor will interfere with testing. For instructions for testing patients who have received a bone marrow transplant, call 800-533-1710.**Submit only 1 of the following specimens:****Specimen Type:** Whole blood**Container/Tube:** Lavender top (EDTA) or yellow top (ACD)**Specimen Volume:** 3 mL**Collection Instructions:**

1. Invert several times to mix blood.
2. Send specimen in original tube. **Do not aliquot.**

**Specimen Stability Information:** Ambient (preferred)/Refrigerated**Prenatal Specimens****Due to its complexity, consultation with the laboratory is required for all prenatal testing;** call 800-533-1710 to speak to a genetic counselor.**Specimen Type:** Amniotic fluid**Container/Tube:** Amniotic fluid container**Specimen Volume:** 20 mL**Specimen Stability Information:** Refrigerated (preferred)/Ambient**Additional information:**

1. A separate culture charge will be assessed under CULAF / Culture for Genetic Testing, Amniotic Fluid. An additional 2 to 3 weeks is required to culture amniotic fluid before genetic testing can occur.

2. **All prenatal specimens must be accompanied by a maternal blood specimen;** order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

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**Specimen Type:** Chorionic villi**Container/Tube:** 15-mL tube containing 15 mL of transport media**Specimen Volume:** 20 mg**Specimen Stability Information:** Refrigerated**Additional Information:**

1. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks is required to culture fibroblasts before genetic testing can occur.

2. **All prenatal specimens must be accompanied by a maternal blood specimen;** order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

**Acceptable:****Specimen Type:** Confluent cultured amniocytes

**Container/Tube:** T-25 flask  
**Specimen Volume:** 2 Flasks  
**Collection Instructions:** Submit confluent cultured amniocytes from another laboratory.  
**Specimen Stability Information:** Ambient (preferred)/Refrigerated  
**Additional Information:** All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

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 in Special Instructions:
- [Informed Consent for Genetic Testing](#) (T576)
  - [Informed Consent for Genetic Testing-Spanish](#) (T826)
2. [Molecular Genetics: Congenital Inherited Diseases Patient Information](#) (T521) in Special Instructions

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
53322	Result Summary	Alphanumeric		50397-9
53323	Result	Alphanumeric		69548-6
53324	Interpretation	Alphanumeric		69965-2
53349	Reason for Referral	Alphanumeric		42349-1
53325	Specimen	Alphanumeric		31208-2
53326	Source	Alphanumeric		31208-2
53327	Method	Alphanumeric		85069-3
53328	Released By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

81265-Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing or maternal cell contamination of fetal cells

88233-Tissue culture, skin or solid tissue biopsy (if appropriate)

88235-Tissue culture for amniotic fluid (if appropriate)

88240-Cryopreservation (if appropriate)

81266-Each additional specimen (eg additional cord blood donor, additional fetal samples from different cultures, or additional zygoty in multiple birth pregnancies) (as needed)

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
_STR2	Add'l comp analysis w/STR (Bill Only)	1	81266	No	No

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
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 interpretive report will be provided.