

**Reporting Title:** Chromosomal Microarray, POC, FFPE  
**Performing Location:** Rochester

**Ordering Guidance:**  
If a fresh tissue specimen is submitted, this test will be cancelled and CMAPC / Chromosomal Microarray, Autopsy, Products of Conception, or Stillborn, Varies will be added and performed as the appropriate test.

For answers to frequently asked questions and more information, see [Pregnancy loss](#) on MayoClinicLabs.com.

**Additional Testing Requirements:**  
A maternal blood sample is requested when ordering this test; order PPAP / Parental Sample Prep for Prenatal Microarray Testing, Blood under a different order number than the prenatal specimen. Maternal cell contamination testing will be performed at no additional charge on the maternal blood and fetal tissue to rule out the presence of maternal cells in the product of conception sample. Testing will not be rejected if maternal blood is not received; however, the possibility of maternal cell contamination cannot be excluded.

A paternal blood sample is desired but not required (see PPAP / Parental Sample Prep for Prenatal Microarray Testing, Blood).

**Necessary Information:**  
A reason for referral and pathology report are required in order for testing to be performed. Send information with specimen. Acceptable pathology reports include working drafts, preliminary pathology or surgical pathology reports.

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

**Specimen Type:** Tissue  
**Container/Tube:** Formalin-fixed, paraffin-embedded block containing fetal or placental (including chorionic villi) tissue.  
**Additional Information:** A pathology report and reason for referral must be submitted with each specimen. The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed.

**Specimen Type:** Slides  
**Specimen Volume:** 6 Consecutive, unstained, 5-micron-thick sections placed on positively charged slides and 1 hematoxylin and eosin-stained slide.

- 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 Prenatal and Products of Conception Information](#) (T716)

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CMAMT	CG975	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
44005	Result Summary	Alphanumeric		50397-9
44006	Result	Alphanumeric		62356-1
44007	Nomenclature	Alphanumeric		62356-1
44008	Interpretation	Alphanumeric		69965-2
44009	Reason for Referral	Alphanumeric		42349-1
44010	Specimen	Alphanumeric		31208-2
44011	Source	Alphanumeric		31208-2
44012	Tissue ID	Alphanumeric		80398-1
44013	Method	Alphanumeric		85069-3
44014	Additional Information	Alphanumeric		48767-8
44016	Released By	Alphanumeric		18771-6

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.