
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.

Specimen Minimum Volume:

2 mL

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
55128	Additional Information	Alphanumeric		48767-8
52404	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.