
Reporting Title: Chromosomes, Chorionic Villus Samp**Performing Location:** Rochester**Ordering Guidance:**

This test should be performed for prenatal diagnostic purposes only. A chromosomal microarray (CMAP / Chromosomal Microarray, Prenatal, Amniotic Fluid/Chorionic Villus Sampling) is recommended, rather than chromosomal analysis, to detect clinically relevant gains or losses of chromosomal material in pregnancies with 1 or more major structural abnormalities. Chromosomal microarray can also be considered, rather than chromosome analysis, for patients undergoing invasive prenatal diagnostic testing with a structurally normal fetus.

Portions of the specimen may be used for other tests such as molecular genetic testing, biochemical testing, and fluorescence in situ hybridization (FISH) testing (including PADF / Prenatal Aneuploidy Detection, FISH). If additional molecular genetic or biochemical genetic testing is needed, order CULFB / Fibroblast Culture for Genetic Test so that cell cultures may be set up specifically for the use in these tests.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

Provide a reason for referral 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 Requirements:

Specimen Type: Chorionic villi

Supplies: CVS Media (RPMI) and Small Dish (T095)

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

Specimen Volume: 20-30 mg

Collection Instructions:

1. Collect chorionic villus specimen (CVS) by the transabdominal or transcervical method.
2. Transfer the CVS to a Petri dish containing transport medium (Such as CVS Media [RPMI] and Small Dish [T095]).
3. Using a stereomicroscope and sterile forceps, assess the quality and quantity of the villi and remove any blood clots and maternal decidua.
4. If ordering with PADF / Prenatal Aneuploidy Detection, FISH, submit a minimum of 14 mg.
5. If ordering with CMAP / Chromosomal Microarray, Prenatal, Amniotic Fluid/Chorionic Villus Sampling, submit a minimum of 24 mg.
6. If ordering with both PADF and CMAP, then submit a minimum of 26 mg.

Specimen Minimum Volume:

The following is the minimum volume when only this test is ordered:

12 mg

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:

- Informed Consent for Genetic Testing (T576)
- Informed Consent for Genetic Testing-Spanish (T826)

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CHRCV	CG769	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52319	Result Summary	Alphanumeric		50397-9
52321	Interpretation	Alphanumeric		69965-2
52320	Result	Alphanumeric		82939-0
CG769	Reason for Referral	Alphanumeric		42349-1
52322	Specimen	Alphanumeric		31208-2
52323	Source	Alphanumeric		31208-2
52325	Method	Alphanumeric		85069-3
52324	Banding Method	Alphanumeric		62359-5
54624	Additional Information	Alphanumeric		48767-8
52326	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88235, 88291-Tissue culture for amniotic fluid or chorionic villus cells, Interpretation and report
88267 w/modifier 52-Chromosome analysis, amniotic fluid or chorionic villus, <15 cells, 1 karyotype with banding (if appropriate)
88267-Chromosome analysis, amniotic fluid or chorionic villus, 15 cells, 1 karyotype with banding (if appropriate)
88267, 88285-Chromosome analysis, amniotic fluid or chorionic villus, <15 cells, 1 karyotype with banding (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
_ML15	Metaphases,			No	No (Bill Only)
_M15	Metaphases, 15			No	No (Bill Only)
_MG14	Metaphases, >15			No	No (Bill Only)
_KTG1	Karyotypes, >1			No	No (Bill Only)
_STAC	Ag-Nor/CBL Stain			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.