

Reporting Title: Known 45,X Mosaicism Reflex, FISH**Performing Location:** Rochester**Specimen Requirements:**

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.

Container/Tube: Green top (sodium heparin)

Specimen Volume: 4 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Other anticoagulants are not recommended and are harmful to the viability of the cells.

Specimen Minimum Volume:

2 mL

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 in Special Instructions:

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

| Specimen Type | Temperature | Time | Special Container |
|---------------|---------------------|------|-------------------|
| Whole blood | Ambient (preferred) | | |
| | Refrigerated | | |

Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---------|-------------|---------------------|------------|------------|
| XYMF | CG668 | Reason for Referral | Plain Text | Yes |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------|--------------|------|---------|
| 51844 | Result Summary | Alphanumeric | | 50397-9 |
| 51846 | Interpretation | Alphanumeric | | 69965-2 |
| 54537 | Result | Alphanumeric | | 62356-1 |
| CG668 | Reason for Referral | Alphanumeric | | 42349-1 |
| 51847 | Specimen | Alphanumeric | | 31208-2 |
| 51848 | Source | Alphanumeric | | 31208-2 |
| 51849 | Method | Alphanumeric | | 85069-3 |
| 54451 | Additional Information | Alphanumeric | | 48767-8 |
| 55279 | Disclaimer | Alphanumeric | | 62364-5 |
| 51850 | Released By | Alphanumeric | | 18771-6 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88271x2, 88291-DNA probe, each (first probe set), Interpretation and report
88271x2-DNA probe, each; each additional probe set (if appropriate)
88271x1-DNA probe, each; coverage for sets containing 3 probes (if appropriate)
88271x2-DNA probe, each; coverage for sets containing 4 probes (if appropriate)
88271x3-DNA probe, each; coverage for sets containing 5 probes (if appropriate)
88274 w/modifier 52-Interphase in situ hybridization, <25 cells, each probe set (if appropriate)
88274-Interphase in situ hybridization, 25 to 99 cells, each probe set (if appropriate)Â Â Â Â Â Â Â

Reflex Tests:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|--------------------|-----------|----------|------------------|----------------------|
| _I099 | Interphases, 25-99 | | | No | No (Bill Only) |
| _I300 | Interphases, >=100 | | | No | No (Bill Only) |

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|----------------|-----------|----------|------------------|----------------------|
| _IL25 | Interphases, | | | No | No (Bill Only) |
| _PADD | Probe, +1 | | | No | No (Bill Only) |
| _PB02 | Probe, +2 | | | No | No (Bill Only) |
| _PB03 | Probe, +3 | | | No | No (Bill Only) |
| _PBCT | Probe, +2 | | | No | No (Bill Only) |

Reference Values:

An interpretive report will be provided.