Reporting Title: Newborn Aneuploidy Detection, FISH
Performing Location: Rochester

Ordering Guidance:
This test does not detect aneuploidy of chromosomes other than 13, 18, 21, X, or Y. This test does not detect other chromosomal or structural anomalies and is intended to be ordered in conjunction with chromosomal microarray or chromosome analysis.

Low levels of mosaicism involving chromosomes 13, 18, 21, X, or Y may not be detected by this procedure.

Additional Testing Requirements:
Normal fluorescence in situ hybridization (FISH) results will not exclude the majority of cytogenetically detectable abnormalities. FISH testing should be ordered in conjunction with additional cytogenetic testing (CHRCB / Chromosome Analysis, Congenital Disorders, Blood; or CMACB / Chromosomal Microarray, Congenital, Blood), as it does not substitute for complete cytogenetic analysis.

Shipping Instructions:
Advise Express Mail or equivalent if not on courier service.

Necessary Information:
A reason for testing is requested with each specimen. The laboratory will not reject testing if this information is not provided; however, appropriate testing or interpretation may be compromised or delayed in some instances. If not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.

Specimen Requirements:
Container/Tube:
Preferred: Green top (sodium heparin)
Acceptable: Lavender top (EDTA) or yellow top (ACD)
Specimen Volume: 4 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send specimen in original tube. Do not aliquot.
3. Other anticoagulants are not recommended and are harmful to the viability of the cells.
4. Cord blood is acceptable.

Specimen Minimum Volume:
1 mL

Forms:

New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file.
-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
NADF	CG694	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
51930	Result Summary	Alphanumeric		50397-9
51932	Interpretation	Alphanumeric		69965-2
54552	Result	Alphanumeric		57318-8
CG694	Reason for Referral	Alphanumeric		42349-1
51933	Specimen	Alphanumeric		31208-2
51934	Source	Alphanumeric		31208-2
51935	Method	Alphanumeric		85069-3
51931	Additional Information	Alphanumeric		48767-8
53862	Disclaimer	Alphanumeric		62364-5
51936	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 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)
_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.