
Reporting Title: Maternal Cell Contamination, B**Performing Location:** Rochester**Ordering Guidance:**

If a prenatal specimen has already been submitted as part of another diagnostic test, a second prenatal specimen is not required. If a prenatal specimen has not yet been submitted, submit only 1 prenatal specimen.

Additional Testing Requirements:

A maternal specimen and a prenatal specimen are both required.

-This test must be ordered on both the prenatal and maternal specimens under separate order numbers.

Shipping Instructions:

Specimen preferred to arrive within 96 hours of collection.

Specimen Requirements:

Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Specimen Type: Maternal blood

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Any anticoagulant

Specimen Volume: 3 mL

Collection Instructions:

1. Invert several times to mix blood.

2. Send specimen in original tube.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Prenatal Specimens:

Submit only 1 of the following specimens:

Specimen Type: Cord blood

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Any anticoagulant

Specimen Volume: 3 mL

Collection Instructions:

1. Invert several times to mix blood.

2. Send specimen in original tube.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Type: Amniotic fluid

Container/Tube: Amniotic fluid container

Specimen Volume: 20 mL

Additional Information: A separate culture charge will be assessed under CULAF / Culture for Genetic Testing, Amniotic Fluid.

Specimen Stability Information: Refrigerated (preferred)/Ambient

Specimen Type: Cultured amniocytes

Container/Tube: T-25 flask

Specimen Volume: 2 full flasks

Collection Instructions: Submit confluent cultured cells from another laboratory.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Type: Chorionic villi

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

Specimen Volume: 20 mg

Additional Information: A separate culture charge will be assessed under CULFB / Fibroblast Culture for Genetic Testing, Tissue.

Specimen Stability Information: Refrigerated

Specimen Type: Cultured chorionic villi

Container/Tube: T-25 flasks

Specimen Volume: 2 full flasks

Collection Instructions: Submit confluent cultured cells from another laboratory.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Minimum Volume:

Amniotic Fluid: 10 mL

Blood, Cord Blood: 0.5 mL

Chorionic Villus: 5 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 in Special Instructions:

-Informed Consent for Genetic Testing (T576)

-Informed Consent for Genetic Testing-Spanish (T826)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CULFB	CG770	Reason for Referral	Plain Text	No
CULFB	CG899	Specimen	Plain Text	No
CULAF	CG767	Reason for Referral	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
53285	Result Summary	Alphanumeric		50397-9
53286	Result	Alphanumeric		40704-9
53287	Interpretation	Alphanumeric		69047-9
53288	Reason for referral	Alphanumeric		42349-1
53289	Specimen	Alphanumeric		31208-2
53290	Source	Alphanumeric		31208-2
55150	Method	Alphanumeric		85069-3
53291	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

81265
Fibroblast Culture for Genetic Test
88233-(if appropriate)
88240-(if appropriate)
Amniotic Fluid Culture/Genetic Test
88235-(if appropriate)
88240-(if appropriate)
Each additional specimen
81266

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
CULFB	Fibroblast Culture for Genetic Test			No	Yes
CULAF	Amniotic Fluid Culture/Genetic Test			No	Yes
_STR1	Comp Analysis using STR (Bill only)			No	No (Bill only)
_STR2	Add'l comp analysis w/STR (Bill Only)			No	No (Bill only)

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CULFB	52327	Result Summary	Alphanumeric		50397-9
CULFB	52329	Interpretation	Alphanumeric		69965-2
CULFB	52328	Result	Alphanumeric		82939-0
CULFB	CG770	Reason for Referral	Alphanumeric		42349-1
CULFB	CG899	Specimen	Alphanumeric		31208-2
CULFB	52331	Source	Alphanumeric		31208-2
CULFB	52332	Method	Alphanumeric		85069-3
CULFB	54625	Additional Information	Alphanumeric		48767-8
CULFB	52333	Released By	Alphanumeric		18771-6
CULAF	52304	Result Summary	Alphanumeric		50397-9
CULAF	52306	Interpretation	Alphanumeric		69965-2
CULAF	52305	Result	Alphanumeric		82939-0
CULAF	CG767	Reason for Referral	Alphanumeric		42349-1
CULAF	52307	Specimen	Alphanumeric		31208-2
CULAF	52308	Source	Alphanumeric		31208-2
CULAF	52309	Method	Alphanumeric		85069-3
CULAF	54641	Additional Information	Alphanumeric		48767-8
CULAF	52310	Released By	Alphanumeric		18771-6

Reference Values:

An interpretative report will be provided.