

Reporting Title: Y Microdeletion**Performing Location:** Rochester**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: Whole 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 whole blood specimen in original tube. Do not aliquot.

Specimen Minimum Volume:

1 mL

Forms:

1. 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)
2. Molecular Genetics: Congenital Inherited Diseases Patient Information (T521)

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		
	Frozen		
	Refrigerated		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
53364	Result Summary	Alphanumeric		50397-9
53365	Result	Alphanumeric		82939-0
53366	Interpretation	Alphanumeric		69047-9
53367	Specimen	Alphanumeric		31208-2
53368	Source	Alphanumeric		31208-2
53369	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

81403-DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd)