
Reporting Title: Zygosity Testing (Multiple Births)**Performing Location:** Rochester**Shipping Instructions:**

Specimen preferred to arrive within 96 hours of collection.

Necessary Information:

A blood specimen from both parents, in addition to a specimen from each multiple, is required.

Specimen Requirements:

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

Submit only 1 of the following specimens:

Specimen Type: Whole blood

Container/Tube: Lavender top (EDTA) or yellow top (ACD)

Specimen Volume: 3 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send specimen in original tube. Do not aliquot.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Prenatal Specimens

Due to its complexity, consultation with the laboratory is required for all prenatal testing; call 800-533-1710 to speak to a genetic counselor.

Specimen Type: Amniotic fluid

Container/Tube: Amniotic fluid container

Specimen Volume: 20 mL

Specimen Stability Information: Refrigerated (preferred)/Ambient

Additional information:

1. A separate culture charge will be assessed under CULAF / Culture for Genetic Testing, Amniotic Fluid. An additional 2 to 3 weeks is required to culture amniotic fluid before genetic testing can occur.
2. All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

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Specimen Type: Chorionic villi

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

Specimen Volume: 20 mg

Specimen Stability Information: Refrigerated

Additional Information:

1. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks is required to culture fibroblasts before genetic testing can occur.
2. All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell

Contamination, Molecular Analysis, Varies on the maternal specimen.

Acceptable:

Specimen Type: Confluent cultured amniocytes

Container/Tube: T-25 flask

Specimen Volume: 2 Flasks

Collection Instructions: Submit confluent cultured amniocytes from another laboratory.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Additional Information: All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

Specimen Minimum Volume:

Blood: 0.5 mL

Amniotic Fluid: 10 mL

Chorionic Villi: 5 mg

Forms:

1. 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)

2. Molecular Genetics: Congenital Inherited Diseases Patient Information (T521) in Special Instructions

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®
53322	Result Summary	Alphanumeric		50397-9
53323	Result	Alphanumeric		69548-6
53324	Interpretation	Alphanumeric		69965-2
53349	Reason for Referral	Alphanumeric		42349-1
53325	Specimen	Alphanumeric		31208-2
53326	Source	Alphanumeric		31208-2
53327	Method	Alphanumeric		85069-3
53328	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

81265-Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing or maternal cell contamination of fetal cells

88233-Tissue culture, skin or solid tissue biopsy (if appropriate)

88235-Tissue culture for amniotic fluid (if appropriate)

88240-Cryopreservation (if appropriate)

81266-Each additional specimen (eg additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (as needed)

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
_STR2	Add'l comp analysis w/STR (Bill Only)			No	No

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 interpretive report will be provided.