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**Reporting Title:** Chromosomal Microarray, POC**Performing Location:** Rochester**Ordering Guidance:**

This test does not detect balanced chromosome rearrangements, such as Robertsonian or other reciprocal translocations, inversions, or balanced insertions.

If a formalin-fixed, paraffin-embedded specimen is submitted, the test will be canceled and CMAMT / Chromosomal Microarray, Autopsy/Products of Conception/Stillbirth, Tissue will be added and performed as the appropriate test.

For answers to frequently asked questions and more information, see [Pregnancy loss on MayoClinicLabs.com](https://www.mayocliniclabs.com).

**Additional Testing Requirements:**

A maternal blood sample is requested when ordering this test (see PPAP / Parental Sample Prep for Prenatal Microarray Testing). Testing will not be rejected if maternal blood is not received; however, the possibility of maternal cell contamination cannot be excluded. The PPAP test must be ordered under a different order number than the prenatal specimen.

A paternal blood sample is desired but not required, see PPAP / Parental Sample Prep for Prenatal Microarray Testing, Blood.

If additional molecular genetic or biochemical genetic testing is needed, order CULAF / Culture for Genetic Testing, Amniotic Fluid or CULFB / Fibroblast Culture for Biochemical or Molecular Testing, Chorionic Villi/Products of Conception/Tissue so that cultures may be set up specifically for use in these tests.

**Shipping Instructions:**

Advise Express Mail or equivalent if not on courier service.

**Necessary Information:**

1. Provide a reason for testing 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.
2. Notify the laboratory if the pregnancy involves an egg donor or gestational carrier.

**Specimen Requirements:**

Submit only 1 of the following specimens:

Specimen Type: Products of conception or stillbirth

Supplies: Hank's Solution (T132)

Container/Tube: Sterile container with sterile Hank's solution, Ringer's solution, or normal saline

Specimen Volume: 1 cm(3) of placenta (including 50-mg chorionic villi) and 1 cm(3) biopsy specimen of muscle/fascia from the thigh

Collection Instructions:

1. Attempt to identify and send only fetal tissue for analysis.
2. If a fetus cannot be specifically identified, collect 50-mg villus material or tissue that appears to be of fetal origin.
3. If multiple specimen types are sent, send each specimen in a separate container. Multiple specimens received (eg, placenta and fetal thigh) will be ordered under 1 test. All specimens will be processed separately.

Additional Information:

1. Do not send entire fetus.
2. While fresher specimens prepared as described above are preferred, we can attempt analysis on specimens that have been in less-than-ideal conditions.

Specimen Type: Autopsy

Supplies: Hank's Solution (T132)

Container/Tube: Sterile container with sterile Hank's solution, Ringer's solution, or normal saline

Specimen Volume: 1 cm(3) biopsy specimen of muscle/fascia from the thigh

Collection Instructions:

1. Wash biopsy site with an antiseptic soap.
2. Thoroughly rinse area with sterile water.
3. Do not use alcohol or iodine preparations.
4. Biopsy specimens are best taken by punch biopsy to include full thickness of dermis.

Specimen Type: Amniotic fluid

Container/Tube: Amniotic fluid container

Specimen Volume: 20 to 30 mL

Collection Instructions:

1. Optimal timing for specimen collection is during 14 to 18 weeks of gestation, but specimens collected at other weeks of gestation are also accepted. Provide gestational age at the time of amniocentesis.
2. Discard the first 2 mL of amniotic fluid.

Additional Information:

1. Unavoidably, about 1% to 2% of mailed-in specimens are not viable.
2. Bloody specimens are undesirable.
3. Results will be reported and telephoned or faxed if requested.

Specimen Type: Chorionic villus

Supplies: CVS Media (RPMI) and Small Dish (T095)

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

Specimen Volume: 50 mg

Collection Instructions:

1. Collect chorionic villus specimen (CVS) by transabdominal or transcervical method.
2. Transfer CVS to a Petri dish containing transport medium (such as CVS Media [RPMI] and Small Dish).
3. Using a stereomicroscope and sterile forceps, assess the quality and quantity of villi and remove any blood clots and maternal decidua.

Acceptable

Specimen Type: Cultured cells

Container/Tube: T25 flasks with culture media

Specimen Volume: 2 T25 flasks

Specimen Type: Tissue

Supplies: Hank's Solution (T132)

Container/Tube: In sterile Hank's solution

### Specimen Minimum Volume:

Chorionic villus: 10 mg  
 Muscle-fascia: 1 cm(3)  
 Other specimen types: See Specimen Required

### 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:
  - Informed Consent for Genetic Testing (T576)
  - Informed Consent for Genetic Testing-Spanish (T826)
2. Final Disposition of Fetal/Stillborn Remains (if fetal specimen is sent) Only for products of conception or stillbirth specimens.
3. Chromosomal Microarray Prenatal and Products of Conception Information (T716)

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

### Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CMAPC	CG945	Reason for Referral	Plain Text	Yes
CMAPC	CG946	Specimen	Plain Text	Yes

### Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
55253	Result Summary	Alphanumeric		86611-1
55254	Result	Alphanumeric		62356-1
55255	Nomenclature	Alphanumeric		62378-5
55256	Interpretation	Alphanumeric		62357-9
CG945	Reason for Referral	Alphanumeric		42349-1
CG946	Specimen	Alphanumeric		31208-2
55257	Source	Alphanumeric		48002-0

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Result ID	Reporting Name	Type	Unit	LOINC®
55258	Method	Alphanumeric		85069-3
55259	Additional Information	Alphanumeric		48767-8
55260	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

81229

**Reference Values:**

An interpretive report will be provided.