Test Definition: CMAC

Chromosomal Microarray, Congenital, Blood

Reporting Title: Chromosomal Microarray, Blood
Performing Location: Rochester

Specimen Requirements:

Specimens must arrive within 96 hours of draw.

A whole blood EDTA and a whole blood sodium heparin specimen, as well as the reason for referral, are required.

Specimen Type: Whole blood
Container/Tube: Green top (sodium heparin) and lavender top (EDTA)
Specimen Volume: 3 mL for each tube
Collection Instructions:
1. Invert several times to mix blood.
2. Send specimen in original tubes.
Forms:
1. New York Clients-Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing (Supply T576) is available in Special Instructions.
2. Chromosomal Microarray Testing Patient Information Sheet (Supply T665) in Special Instructions

Specimen Type	Temperature	Time
Varies	Ambient (preferred)	
	Refrigerated	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CMAC	CG632	Source: • Whole blood EDTA, Whole blood NaHep, Whole blood EDTA and Whole Blood NaHep	Answer List	Yes
CMAC	CG633	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
51476	Specimen	Alphanumeric		31208-2
51477	Specimen ID	Alphanumeric		N/A
CG632	Source	Alphanumeric		N/A

Result ID	Reporting Name	Type	Unit	LOINC®
51479	Order Date	Alphanumeric		N/A
CG633	Reason For Referral	Alphanumeric		42349-1
51481	Method	Alphanumeric		49549-9
51482	Results	Alphanumeric		In Process
51483	Interpretation	Alphanumeric		In Process
51484	Amendment	Alphanumeric		N/A
51485	Consultant	Alphanumeric		N/A
51486	Released Date	Alphanumeric		N/A

CPT Code: 1 × 81229

Reference Values:

An interpretive report will be provided.