**Reporting Title:** Newborn Aneuploidy Detection, FISH
**Performing Location:** Rochester

## Specimen Requirements:

Provide a reason for referral 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.

Container/Tube: Green top (sodium heparin)
Specimen Volume: 5 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Other anticoagulants are not recommended and are harmful to the viability of the cells.
3. Advise Express Mail or equivalent if not on courier service.
4. Cord blood is acceptable.
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. If not ordering electronically, submit a Cytogenetics/AFP Congenital Disorders Request Form (Supply T238) with the specimen.

| Specimen Type | Temperature | Time |
|---|---|---|
| WB Sodium Heparin | Ambient (preferred) | |
| | Refrigerated | |

## Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---|---|---|---|---|
| NAD | G_491 | Reason For Referral | Plain Text | Yes |

## Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|
| 16293 | Specimen | Alphanumeric | | N/A |
| 16350 | Specimen ID | Alphanumeric | | N/A |
| 16805 | Source | Alphanumeric | | 31208-2 |
| 16294 | Order Date | Alphanumeric | | N/A |

| Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|
| G_491 | Reason For Referral | Alphanumeric | | 42349-1 |
| 16295 | Method | Alphanumeric | | 49549-9 |
| 16297 | Results | Alphanumeric | | In Process |
| 16298 | Interpretation | Alphanumeric | | 69965-2 |
| 16299 | Amendment | Alphanumeric | | In Process |
| 16300 | Consultant | Alphanumeric | | N/A |
| 16301 | Report Date | Alphanumeric | | N/A |

## Components:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---|---|---|---|---|---|
| Billing only | Cytogenetic Interp/Report | 1 | 88291 | | |
| Billing only | Analyze 100 to 300 Cells | 1 | 88275 | | |
| Billing only | Molecular Cyto DNA Probe | 5 | 88271 | | |

## Reference Values:

An interpretive report will be provided.