Reporting Title: Prenatal Aneuploidy Detection, FISH
Performing Location: Rochester

Specimen Requirements:

Provide a reason for referral and gestational age with each specimen, and verify the specimen source. The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed.

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.

Advise Express Mail or equivalent if not on courier service.

Submit only 1 of the following specimens:

Preferred:
Specimen Type: Amniotic fluid
Container/Tube: Amniotic fluid container
Specimen Volume: 20-25 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. Place the tubes in a Styrofoam container (Supply T329).
2. Fill remaining space with packing material.
3. Unavoidably, about 1% to 2% of mailed-in specimens are not viable.
4. Bloody specimens are undesirable.
5. If the specimen does not grow in culture, you will be notified within 7 days of receipt.
6. Results will be reported and also telephoned or faxed, if requested.

Acceptable:
Specimen Type: Chorionic villi
Container/Tube: 15-mL tube containing 15 mL of transport media
Specimen Volume: 20-30 mg
Collection Instructions:
1. Collect specimen by the transabdominal or transcervical method.
2. Transfer chorionic villi to a Petri dish containing transport medium.
3. Using a stereomicroscope and sterile forceps, assess the quality and quantity of the villi and remove any blood clots and maternal decidua.

Specimen Type	Temperature	Time

Varies	Refrigerated (preferred)
	Ambient

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
PAD	CG331	Source: • Amniotic Fluid • Chorionic Villi	Answer List	Yes
PAD	CG334	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
16302	Specimen	Alphanumeric		31208-2
16351	Specimen ID	Alphanumeric		N/A
CG331	Source	Alphanumeric		N/A
16303	Order Date	Alphanumeric		N/A
CG334	Reason For Referral	Alphanumeric		42349-1
16304	Method	Alphanumeric		In Process
16306	Results	Alphanumeric		In Process
16307	Interpretation	Alphanumeric		69965-2
16308	Amendment	Alphanumeric		N/A
16309	Consultant	Alphanumeric		N/A
16310	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		

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	Molec Cyto-DNA Probe,each	5	88271		

Reference Values:

An interpretive report will be provided.