Reporting Title: Chromosomes, Amniotic Fluid
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.

Portions of the specimen may be used for other tests such as measuring markers for neural tube defects (eg, AFPA/9950 Alpha-Fetoprotein, Amniotic Fluid), molecular genetic testing, biochemical testing, and FISH testing (including PAD/81424 Prenatal Aneuploidy Detection, FISH). If additional molecular genetic or biochemical genetic testing is needed, order AFC/80334 Amniotic Fluid Culture for Genetic Testing so that amniocyte cultures may be set up specifically for the use in these tests.

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.
3. 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.

Specimen Type: Amniotic fluid
Submission Container/Tube: Centrifuge tube
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.
2. Discard the first 2 mL of amniotic fluid.
Additional Information:
1. Place the tube in a Styrofoam container (Supply T329). Fill remaining space with packing material.
2. Unavoidably, about 1% to 2% of mailed-in specimens are not viable. If the specimen does not grow in culture, you will be notified within 7 days of receipt.
3. Bloody specimens are undesirable.

Specimen Type: Fetal body fluid
Container/Tube: Sterile tube
Specimen Volume: Entire specimen
Additional Information:
1. Place the tube in a Styrofoam container (Supply T329). Fill remaining space with packing material.
2. If the specimen does not grow in culture, you will be notified within 7 days of receipt.
3. Clearly indicate on tube and paperwork that specimen is fetal body fluid.

Specimen Type	Temperature	Time

Amniotic Fld	Refrigerated (preferred)
	Ambient

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
AF	G_744	Source: • Amniotic Fluid • Fetal Body Fluid	Answer List	Yes
AF	G_750	Reason For Referral: • Abnormal maternal serum screen • Abnormal ultrasound (type in Performing Lab Notes) • Advanced maternal age/AMA • Previous chromosome anomaly (type in Performing Lab Notes) • Familial chromosome anomaly (type in Performing Lab Notes) • Other (type in Performing Lab Notes)	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
16035	Specimen	Alphanumeric		N/A
16326	Specimen ID	Alphanumeric		N/A
G_744	Source	Alphanumeric		31208-2
16036	Order Date	Alphanumeric		N/A
G_750	Reason For Referral	Alphanumeric		42349-1
16040	Method	Alphanumeric		49549-9
50460	Banding Methods	Alphanumeric		62359-5
16042	Results	Alphanumeric		33773-3
16043	Interpretation	Alphanumeric		69965-2
16044	Amendment	Alphanumeric		33773-3
16045	Consultant	Alphanumeric		N/A
16046	Report Date	Alphanumeric		N/A

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	Unlisted Cytogenetic Study	1	88299		
Billing only	Cytogenetic Interp/Report	1	88291		
Billing only	Chromosome-Add'l Karyotyp	1	88280		
Billing only	Chromosome Analysis-Insitu	1	88269		
Billing only	Chromosome Cult-Amnio/CVS	1	88235		

Reference Values:

46,XX or 46,XY. No apparent chromosome abnormality.
An interpretative report will be provided.