Test Definition: FBUCC

X and Y Aneuploidy Detection, Buccal Smear, FISH

Reporting Title: X,Y Aneuploidy, Buccal Smear, FISH
Performing Location: Rochester

Specimen Requirements:

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

Container/Tube: Buccal Smear Collection Kit (Supply T543)
Specimen Volume: 2 Cyto-Pak brushes
Collection Instructions:
1. Patient should rinse out mouth vigorously with mouthwash followed by water for approximately 15 seconds. Mouthwash is not a requirement but helps reduce the bacteria found in the mouth that may hinder testing.
2. Remove the Cyto-Pak brush from the container only touching the "stick" end. Save the container.
3. Using medium pressure, rotate the brush several times on the inside of the cheek.
4. Return brush to container and cap.
5. Repeat steps 2 through 4 on the other cheek using the second brush.
6. It is important that the patient's buccal cells are not contaminated with cells from any other source. Do not touch the bristles. Do not brush too vigorously. If blood appears, discard the brush and restart the collection process.
7. Label each container with patient's name and order number or hospital/clinic number.
Additional Information:
1. Provide appropriate clinical information about the patient as per specific test requirements.
2. It is important that the cells do not dry out during shipping. Ensure that the container is tightly sealed.
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
Buccal Swab	Ambient (preferred)	
	Refrigerated	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
FBUCC	G_23	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
16071	Specimen	Alphanumeric		31208-2
16329	Specimen ID	Alphanumeric		N/A
16784	Source	Alphanumeric		N/A
16072	Order Date	Alphanumeric		N/A
G_23	Reason For Referral	Alphanumeric		42349-1
16076	Method	Alphanumeric		In Process
16078	Results	Alphanumeric		35129-6
16079	Interpretation	Alphanumeric		69965-2
16080	Amendment	Alphanumeric		In Process
16081	Consultant	Alphanumeric		N/A
16082	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	Molecular Cyto, DNA Probe	2	88271		
Billing only	Interphase in Situ Hybrid	2	88275		

Reference Values:

XX in females; XY in males