Reporting Title: Chromosome, Autopsy/Concep/Stillbirth
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.

In POC specimens, maternal cell contamination can interfere with the interpretation of chromosome analysis. To reduce this difficulty, attempt to identify and send only fetal tissue for analysis. If multiple specimen types are sent, send each specimen in a separate container. Multiple specimens received (eg, placenta and fetal thigh) will be ordered under 1 test. All specimens will be processed separately.

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.

Preferred:
Specimen Type: Products of conception or stillbirth
Container/Tube: Sterile container with sterile Hank's balanced salt solution (Supply T132), Ringer's solution, or normal saline
Specimen Volume: 1 cm(3) of placenta (including 50-mg chorionic villi) and 1 cm(3) biopsy specimen of muscle/fascia from the thigh
Collection Instructions: If a fetus cannot be specifically identified, collect 50-mg villus material or tissue that appears to be of fetal origin.
Additional Information:
1. Do not send entire fetus.
2. While fresher specimens prepared as described above are preferred, we can attempt analysis on specimens that have been in less-than-ideal conditions.
Forms: Final Disposition of Fetal/Stillborn Remains (if fetal specimen is sent) in Special Instructions.

Acceptable:
Specimen Type: Autopsy
Container/Tube: Sterile container with sterile Hank's balanced salt solution (Supply T132), Ringer's solution, or normal saline
Specimen Volume: 4 mm diameter
Collection Instructions:
1. Wash biopsy site with an antiseptic soap.
2. Thoroughly rinse area with sterile water.
3. Do not use alcohol or iodine preparations.
4. Biopsy specimens are best taken by punch biopsy to include full thickness of dermis.

Alternate:
Specimen Type: Chorionic villus
Container/Tube: 15-mL tube containing 15 mL of transport media
Specimen Volume: 50 mg

Collection Instructions:
1. Collect chorionic villus specimen (CVS) by transabdominal or transcervical method.
2. Transfer CVS to a Petri dish containing transport medium.
3. Using a stereomicroscope and sterile forceps, assess the quality and quantity of villi and remove any blood clots and maternal decidua.

Specimen Type	Temperature	Time
Tissue	Refrigerated (preferred)	
	Ambient	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
POC	G_767	Source: • Products of Conception or Stillbirth • Autopsy	Answer List	Yes
POC	G_773	Reason For Referral	Plain Text	Yes
FPOCR	G_C05	Source: • Products of Conception or Stillbirth • Autopsy	Answer List	No
FPOCR	G_C07	Reason For Referral	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
16095	Specimen	Alphanumeric		31208-2
16331	Specimen ID	Alphanumeric		N/A
G_767	Source	Alphanumeric		N/A
16096	Order Date	Alphanumeric		N/A
G_773	Reason For Referral	Alphanumeric		42349-1
16100	Method	Alphanumeric		In Process
50471	Banding Methods	Alphanumeric		62359-5
16102	Results	Alphanumeric		35129-6
16103	Interpretation	Alphanumeric		69965-2
16104	Amendment	Alphanumeric		In Process

Result ID	Reporting Name	Type	Unit	LOINC®
16105	Consultant	Alphanumeric		N/A
16106	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 Culture,Tissue	1	88233		

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
FPOCR	Aneuploidy Reflex, POC, FISH		Profile	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
FPOCR	50677	Specimen	Alphanumeric		31208-2
FPOCR	50678	Specimen ID	Alphanumeric		N/A
FPOCR	G_C05	Source	Alphanumeric		N/A
FPOCR	50680	Order Date	Alphanumeric		N/A
FPOCR	G_C07	Reason For Referral	Alphanumeric		42349-1
FPOCR	50682	Method	Alphanumeric		In Process
FPOCR	50683	Result	Alphanumeric		57029-1
FPOCR	50684	Interpretation	Alphanumeric		69965-2
FPOCR	50685	Amendment	Alphanumeric		In Process
FPOCR	50686	Reviewed By	Alphanumeric		N/A
FPOCR	50687	Release Date	Alphanumeric		N/A

Reference Values:

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