Prenatal Chromosome Microarray

Order Name: Prenatal CMA

Test Number: 5195557 Revision Date: 09/03/2024

		METHODOLOGY	LOINC CODE
Microarray		SNP Microarray Analysis	62365-2
MENTO			
VIEN 15			
Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
2 T-25 flasks (1 T-25 flask)	Amniotic Fluid	Confluent T-25 flask	Room Temperature
Notes: 1 T-25 flask minimum volume will delay results due to culturing; direct array cannot be performed with minimum volumes) Specimen type: Amniotic Fluid; Cultured amniotic fluid sample or Chorionic villus sample (CVS) cells. Maternal cell contamination studies are recommended Specimen container: Two T-25 flask containers containing sterile Ringer's lactate OR Hank's balanced salt solution OR transport media provided by the cytogenetic laboratory (Do NOT use urine containers for shipping). Specimen Storage: Maintain specimen at room temperature. Specimen Collection: Not Available Causes for reject: Quantity not sufficient for analysis; One T-25 flask minimum volume will delay results due to culturing; direct array cannot be performed with minimum volumes) Special Instructions: A completed Informed Consent and Prenatal Chromosome SNP Microarray Questionnaire should accompany specimens. Call 800-345-4363 to request the Informed Consent and Questionnaire form. If a chromosome study has been performed it's recommended that it be included with sample submission. If prior NIPT studies have been performed, include copy of the report. If specimens from a twin pregnancy are submitted by request it can be reported if these are DZ or MZ twins. SNP Microarray Prenatal POC Clinical Questionnaire			
Reveal® SNP Microarray: Eligib	lity (Preverification) & P	rior Authorization Request Form	
	Specimen Volume (min) 2 T-25 flasks (1 T-25 flask) Notes: 1 T-25 flask minimum volu Specimen type: Amniotic Fluid; recommended Specimen container: Two T-25 fl by the cytogenetic laboratory (Do N Specimen Storage: Maintain specimen Specimen Collection: Not Available Causes for reject: Quantity not superformed with minimum volumes) Special Instructions: A complete specimens. Call 800-345-4363 to If a chromosome study has been pperformed, include copy of the reposition.	Specimen Volume (min) Specimen Type 2 T-25 flasks (1 T-25 flask) Amniotic Fluid Notes: 1 T-25 flask minimum volume will delay results due to specimen type: Amniotic Fluid; Cultured amniotic fluid sate recommended Specimen container: Two T-25 flask containers containing by the cytogenetic laboratory (Do NOT use urine containers Specimen Storage: Maintain specimen at room temperature Specimen Collection: Not Available Causes for reject: Quantity not sufficient for analysis; One performed with minimum volumes) Special Instructions: A completed Informed Consent are specimens. Call 800-345-4363 to request the Informed Collection in the component of the compon	MENTS Specimen Volume (min) Specimen Type Specimen Container 2 T-25 flasks (1 T-25 flask) Amniotic Fluid Confluent T-25 flask Notes: 1 T-25 flask minimum volume will delay results due to culturing; direct array cannot be performed Specimen type: Amniotic Fluid; Cultured amniotic fluid sample or Chorionic villus sample (CVS) cells. recommended Specimen container: Two T-25 flask containers containing sterile Ringer's lactate OR Hank's balanced by the cytogenetic laboratory (Do NOT use urine containers for shipping). Specimen Storage: Maintain specimen at room temperature. Specimen Collection: Not Available Causes for reject: Quantity not sufficient for analysis; One T-25 flask minimum volume will delay result performed with minimum volumes) Special Instructions: A completed Informed Consent and Prenatal Chromosome SNP Microarray specimens. Call 800-345-4363 to request the Informed Consent and Questionnaire form. If a chromosome study has been performed it's recommended that it be included with sample submission performed, include copy of the report. If specimens from a twin pregnancy are submitted by request it call.

GENERAL INFORMATION	
Expected TAT	8 - 15 days
Performing Labcorp Test Code	510100
CPT Code(s)	81229
Lab Section	Reference Lab

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