

St. John Health System Lab Catalog

> Order Name: **Prenatal CMA** Test Number: 5195557 Revision Date: 09/03/2024

SPECIMEN REQUIREMENTS     Specimen   Specime     Preferred   2 T-25 fl     Instructions   Notes:     Specime   Specime     by the cy   Specime     Specime   Specime			METHODOLOGY	LOINC CODE
Specimen Specime   Preferred 2 T-25 fl   Instructions Notes:   Specime recomment   Specime by the cy   Specime Specime	Prenatal Chromosome Microarray		SNP Microarray Analysis	62365-2
Preferred 2 T-25 fl Instructions Notes: Specime Specime by the cy Specime				
Instructions Notes: Specime recommendation Specime by the cy Specime	en Volume (min)	Specimen Type	Specimen Container	Transport Environment
Specimo recommo Specimo by the cy Specimo	lasks (1 T-25 flask)	Amniotic Fluid	Confluent T-25 flask	Room Temperature
performe Special specime If a chron performe SNP Mic Reveal®	en type: Amniotic Fluid; C ended en container: Two T-25 flas ytogenetic laboratory (Do NO en Storage: Maintain specim en Collection: Not Available for reject: Quantity not suff ed with minimum volumes) Instructions: A completed ens. Call 800-345-4363 to re mosome study has been perf ed, include copy of the report	cultured amniotic fluid s sk containers containing T use urine containers nen at room temperatur icicient for analysis; On d Informed Consent a equest the Informed C formed it's recommence t. If specimens from a ical Questionnaire y (Preverification) & F	11 0/	Maternal cell contamination studies are walt solution OR transport media provided due to culturing; direct array cannot be Cuestionnaire should accompany If prior NIPT studies have been

GENERAL INFORMATION		
Expected TAT	8 - 15 days	
CPT Code(s)	81229	
Service Provided By	Oklahoma, Inc.	