Cytogenomic SNP Microarray

Order Name: **Cytogen SNP MA**
Test Number: 6906713
Revision Date: 06/28/2023

TEST NAME	METHODOLOGY	LOINC CODE
Cytogenomic SNP Microarray	Genomic Microarray (Oligo-SNP Array)	62375-1

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1 mL)**	**Whole Blood**	**Sodium Heparin (Green Top / No-Gel)**	**Room Temperature**
Alternate 1	**swab**	**Buccal swab**	**Labcorp buccal swab kit**	**Room Temperature**
Alternate 2	**5 mL (1 mL)**	**Whole Blood**	**EDTA (Lavender Top)**	**Room Temperature**
Alternate 3	**5 mL (1 mL)**	**Whole Blood**	**ACD Solution A or B (Yellow Top)**	**Room Temperature**

Instructions

Notes: 2 mL (neonatal) (Note: This volume Does NOT allow for repeat testing.) OR two buccal swabs
Specimen type: Whole blood, DNA, OR Labcorp buccal swab kit (Buccal swab collection kit contains instructions for the use of a buccal swab.)
Specimen container: Green-top (heparin) tube (preferred), yellow-top (ACD) tube, OR lavender-top (EDTA) tube, DNA in 2ml tube, Labcorp Genetic buccal swab kit, OR Labcorp molecular buccal swab kit.
Specimen Storage: Maintain specimen at room temperature.
Specimen Collection: Not Available
Causes for reject: Quantity not sufficient for analysis; wet buccal swab; gel-separator tubes; microtainer tubes and fixed cell pellets; buccal kits with open envelopes; DNA tubes not extracted at CLIA certified lab.
Special Instructions: **Pertinent medical findings must accompany the test request form. Call 800-345-4363 to request forms, or photocopy the Clinical Questionnaire for SNP Microarray from the Genetics Appendix online. This test may also be performed on adults.**
When a child tested with this assay is found to have an abnormal array of unknown clinical significance that may be clarified through parental testing, there will be no charge associated with the follow-up parental testing that is based on the child's results. All other parental follow-up testing will be charged, including (but not limited to) autism susceptibility regions, known microdeletions/microduplications, autosomal recessive deletions /duplications, and large copy-number changes with likely pathogenic significance. The child's abnormal array results will indicate whether parental testing will be performed at no charge and will include the appropriate parental follow-up test number.
For parental follow-up testing for arrays not performed at LabCorp, call 800-345-4363 to speak to a genetic counselor. Contact your local LabCorp branch supply department to order buccal swab kits using PeopleSoft N° 3177.

Chromosome Microarray: A New High-density Allele-specific Diagnostic Platform

SNP Microarray Pediatric Clinical Questionnaire

Reveal® SNP Microarray: Eligibility (Preverification) & Prior Authorization Request Form

Reveal® SNP Microarray: Pediatric

Reveal® SNP Microarray: Pediatría

Reveal® SNP Microarray: Revealing Answers to Complex Questions

GENERAL INFORMATION

Expected TAT	14 - 17 days
Clinical Use	Preferred first-tier test for developmental delay, multiple anomalies, and autism-spectrum disorders. Testing is performed on peripheral blood.
Performing Labcorp Test Code	510002
Notes	**Click Here** to see the Labcorp test directory
CPT Code(s)	81229
Lab Section	Reference Lab