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**Reporting Title:** HA F8 Int22 Inversion KM, AF or CVS

**Performing Location** Rochester

**Additional Testing Requirements:**

[Due to the complexity of prenatal testing, consultation with the laboratory is required for all prenatal testing.](#)

Prenatal specimens can be sent Monday through Thursday and **must be received by 5 p.m. CST on Friday** in order to be processed appropriately. All prenatal specimens must be accompanied by a maternal blood specimen. Order MATCC / Maternal Cell Contamination, Molecular Analysis on the maternal specimen.

**Shipping Instructions:**

Advise Express Mail or equivalent if not on courier service

**Necessary Information:**

[Hemophilia A Patient Information](#) is required, see Special Instructions. Testing may proceed without the patient information, however, the information aids in providing a more thorough interpretation. Ordering providers are strongly encouraged to fill out the form and send with the specimen.

**Specimen Requirements:**

Results will be reported and also telephoned or faxed, if requested.

**Submit only 1 of the following specimens:**

**Specimen Type:** Amniotic fluid

**Container/Tube:** Amniotic fluid container

**Specimen Volume:** 5-10 mL

**Collection Instructions:**

1. Optimal timing for specimen collection is during 14 to 18 weeks of gestation, but specimens collected at other weeks of gestation are also accepted.
2. Discard the first 2 mL of amniotic fluid. If the culture will be performed in conjunction with chromosome analysis and alpha-fetoprotein, a total of approximately 25 to 30 mL will be needed for the combined studies.

**Specimen Stability Information:** Ambient (preferred) <24 hours/Refrigerated

**Additional Information:**

1. Place the tubes in a Styrofoam container (T329).
2. Fill remaining space with packing material.
3. Unavoidably, about 1% to 2% of mailed-in specimens are not viable.
4. Bloody specimens are undesirable.
5. If the specimen does not grow in culture, you will be notified within 7 days of receipt.

**Specimen Type:** Chorionic villi

**Container/Tube:** 15-mL tube containing 15 mL of transport media

**Specimen Volume:** 20-30 mg

**Collection Instructions:**

1. Collect specimen by the transabdominal or transcervical method.
2. Transfer the chorionic villi specimen to a Petri dish containing transport medium (T095).
3. Using a stereomicroscope and sterile forceps, assess the quality and quantity of the villi and remove any blood clots and maternal decidua.

**Specimen Stability Information:** Refrigerated (preferred) <24 hours/Ambient

**Specimen Type:** Confluent cultured cells

**Container/Tube:** T-25 flask

**Specimen Volume:** 2 flasks approximately 90% confluent

**Collection Instructions:** Submit confluent cultured cells from another laboratory.

**Specimen Stability Information:** Ambient (preferred) <24 hours/Refrigerated

**Additional Information:** There will be no culture charge.

**Forms:**

[1. New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file. The following documents are available in Special Instructions:](#)

[-Informed Consent for Genetic Testing \(T576\)](#)

[-Informed Consent for Genetic Testing-Spanish \(T826\)](#)

[2. If not ordering electronically, complete, print, and send a Coagulation Test Request \(T753\) with the specimen.](#)

Specimen Type	Temperature	Time	Special Container
Varies	Varies (preferred)	0 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
35140	HA F8 Int22 KM Reason for Referral	Alphanumeric		42349-1
35010	HA F8 Int22 Inversion KM, AF or CVS	Alphanumeric		50397-9
35011	F822P Interpretation	Alphanumeric		69047-9
35012	HA F8 Int22 KM Reviewed By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

81403

**Reflex Tests:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CULAF	Amniotic Fluid Culture/Genetic Test	1	88235	No	Yes
CULFB	Fibroblast Culture for Genetic Test	1	88233	No	Yes
MATCC	Maternal Cell Contamination, B	1	81265	No	Yes

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC
CULAF	52304	Result Summary	Alphanumeric		50397-9

CULAF	52306	Interpretation	Alphanumeric		69965-2
CULAF	52305	Result	Alphanumeric		82939-0
CULAF	CG767	Reason for Referral	Alphanumeric		42349-1
CULAF	52307	Specimen	Alphanumeric		31208-2
CULAF	52308	Source	Alphanumeric		31208-2
CULAF	52309	Method	Alphanumeric		85069-3
CULAF	54641	Additional Information	Alphanumeric		48767-8
CULAF	52310	Released By	Alphanumeric		18771-6
CULFB	52327	Result Summary	Alphanumeric		50397-9
CULFB	52329	Interpretation	Alphanumeric		69965-2
CULFB	52328	Result	Alphanumeric		82939-0
CULFB	CG770	Reason for Referral	Alphanumeric		42349-1
CULFB	CG899	Specimen	Alphanumeric		31208-2
CULFB	52331	Source	Alphanumeric		31208-2
CULFB	52332	Method	Alphanumeric		85069-3
CULFB	54625	Additional Information	Alphanumeric		48767-8
CULFB	52333	Released By	Alphanumeric		18771-6
MATCC	53285	Result Summary	Alphanumeric		50397-9
MATCC	53286	Result	Alphanumeric		40704-9
MATCC	53287	Interpretation	Alphanumeric		69047-9
MATCC	53288	Reason for referral	Alphanumeric		42349-1
MATCC	53289	Specimen	Alphanumeric		31208-2
MATCC	53290	Source	Alphanumeric		31208-2
MATCC	53291	Released By	Alphanumeric		18771-6
MATCC	55150	Method	Alphanumeric		85069-3

**Reference Values:**

Not applicable