



# Test Definition: CMAT

Chromosomal Microarray, Tumor, Fresh or Frozen

**Reporting Title:** Chromosomal Microarray, Tumor  
**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus

**Ordering Guidance:**

This test is **not performed** on formalin-fixed, paraffin-embedded (FFPE) specimens. If testing is needed for FFPE specimens, order CMAPT / Chromosomal Microarray, Tumor, Formalin-Fixed Paraffin-Embedded.

If an FFPE specimen is submitted, this test will be canceled and CMAPT / Chromosomal Microarray, Tumor, Formalin-Fixed Paraffin-Embedded will be added and performed as the appropriate test.

**Shipping Instructions:**

Advise Express Mail or equivalent if not on courier service.

**Necessary Information:**

1. **A reason for testing must be provided for testing to be performed.**
2. A pathology report should accompany the specimen. If this information is not available at the time of order, submit as soon as possible for appropriateness of testing and to aid in interpretation of results.

**Specimen Requirements:**

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

**Supplies:** Hank's Solution (T132)

**Specimen Type:** Tumor biopsy

**Container/Tube:** Sterile container with sterile Hank's balanced salt solution, Ringer's solution, or normal saline

**Specimen Volume:** 0.5-3 cm(3) or larger

**Specimen Type:** Lymph node

**Container/Tube:** Sterile container with sterile Hank's balanced salt solution, Ringer's solution, or normal saline.

**Specimen Volume:** 1 cm(3)

**Specimen Type:** Skin biopsy

**Container/Tube:** Sterile container with sterile Hank's balanced salt solution, 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. A local anesthetic may be used.
5. Biopsy specimens are best taken by punch biopsy to include full thickness of dermis.

**Forms:**

Specimen Type	Temperature	Time	Special Container
---------------	-------------	------	-------------------

Varies	Ambient (preferred)		
	Refrigerated		

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
CMAT	CG905	Reason for Referral	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
54728	Result Summary	Alphanumeric		50397-9
54729	Result	Alphanumeric		62356-1
54730	Nomenclature	Alphanumeric		62356-1
54731	Interpretation	Alphanumeric		69965-2
CG905	Reason for Referral	Alphanumeric		42349-1
54743	Specimen	Alphanumeric		31208-2
54732	Source	Alphanumeric		31208-2
54733	Method	Alphanumeric		85069-3
53424	Additional Information	Alphanumeric		48767-8
54734	Released By	Alphanumeric		18771-6

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

81277

**Reference Values:**

An interpretive report will be provided.