Test Menu Update:
Comprehensive Prenatal/Neonatal Microarray Analysis

The UW Cytogenetic Laboratory offers two prenatal microarray testing options:

890PREC: Comprehensive Prenatal/Neonatal Microarray Analysis
890PRET: Targeted Prenatal Microarray Analysis

Effective immediately, we are modifying our Comprehensive Prenatal Microarray Analysis test (890PREC) to include neonatal blood specimens. This updated test will now be known as ‘Comprehensive Prenatal/Neonatal Microarray Analysis’ and can still be ordered using test code 890PREC.

Recommended Uses:

Prenatal: The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine recommend the use of chromosomal microarray analysis "in patients with a fetus with one or more major structural abnormalities identified on ultrasonographic examination and who are undergoing invasive prenatal diagnosis" and "in cases of intrauterine fetal demise or stillbirth when further cytogenetic analysis is desired."

Neonatal (less than 30 days of age or infants requiring intensive care): The American College of Medical Genetics and Genomics (ACMGG) has recommended that array comparative genomic hybridization (aCGH) is used as a first-line test in the evaluation of individuals with multiple congenital anomalies, non-syndromic intellectual and developmental disability, and autism spectrum disorders. SNP Array Comparative Genomic Hybridization is used to detect large regions of homozygosity as well as gains and losses of DNA from specimens containing high quality genomic DNA.

Turnaround Time: 7-10 days

Specimen Requirements:

Prenatal
Amniotic fluid (AF): 15-25 ml
Chorionic villus (CVS): 10-30 mg tissue.
Products of conception (POC): minimum 0.3 cm cubed fresh tissue. Placental villus is the preferred tissue; kidney, lung, and/or fascia are also acceptable.
FFPE tissue or frozen tissue: The cytogenetics laboratory will attempt to work with the specimen received and will return any unused material.
Cultured cells: 3-T25 flasks, 70% confluent.

Neonatal
Blood: 2 ml in Sodium Heparin is recommended

Please call our laboratory at 608-262-0402 with any questions.
Complete and precise clinical patient information is critical for accurate and timely microarray interpretation.

Microarray requests are often submitted with generic diagnosis codes and/or clinical information. When copy number variation and/or large regions of homozygosity are identified, our interpretation of those findings can largely depend on the clinical information we are provided.

The UW Cytogenetic and Molecular Laboratories request phenotype data collection forms be submitted with all prenatal and postnatal microarray test requests. Forms can be found on our website under the “Forms and Resources” section at http://www.slh.wisc.edu/clinical/cytogenetics.

Completed forms should be returned to the UW Cytogenetics Laboratory directly with the patient sample or via fax (608-262-7818).

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