



MICRO ARRAY

Orderable – Use requisition to order

Turnaround Time: 4-6 weeks (excludes confirmation testing)

Alternate Name(s):

Micro array
aCGH
Array comparative genomic hybridization
Array CGH



Laboratory:
Cytogenetics Lab



Requisition:
[MICROARRAY REQUISITION](#) (must include patient's name, address, Ontario Health Insurance Number, PIN (if applicable), originating location, Dr's full name and address, and all pertinent clinical information. The requisition must be printed, filled out and accompany sample to the lab.

Specimen:

- Peripheral Blood in EDTA: 3 mL minimum (1 mL minimum for newborns)
- Fibroblast Cell Culture: 2 x T25 confluent flasks at room temperature
- Extracted DNA: 2ug total (min. 70 ng/uL)

Follow-Up Testing :

- 1) Q-PCR or Targeted Microarray - EDTA (1-3mL)
- 2) FISH or Chromosome Analysis – NaHep (1-3mL)

Collection Information:

All blood specimens should be collected at room temperature (15-25°C) and sent to laboratory within 24 hours of collection.

Do not freeze, heat, spin, open or separate.

Lithium heparin and sodium heparin samples are not acceptable.

All specimens must contain at least two patient identifiers.



Method of Analysis:
DNA Extraction
CytoScan HD Microarray

Reference Ranges:

See report

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Comments:

For additional information please refer to the [Molecular Diagnostics Laboratory](#)

Critical Information Required:

Reason for testing:

- Developmental delay or mental retardation
- Developmental delay or mental retardation in addition to the following clinical features (list)
- Two or more congenital anomalies (list)



Test Schedule:
As required

Storage and Shipment:

Keep at room temperature.

Deliver to lab same day.

If unable to transport immediately, store at 4°C and transport at room temperature (15-25°C) within 24 hours.