

Overview

Useful For

Ruling out the presence of maternal cell contamination within a fetal specimen

Required for all prenatal testing performed in Mayo Clinic Laboratories' Molecular and Biochemical Genetics laboratories

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
CULFB	Fibroblast Culture for Genetic Test	Yes	No
CULAF	Amniotic Fluid Culture/Genetic Test	Yes	No
_STR1	Comp Analysis using STR (Bill only)	No, (Bill only)	No
_STR2	Add'l comp analysis w/STR (Bill Only)	No, (Bill only)	No

Genetics Test Information

Required in conjunction with molecular and biochemical prenatal testing only.

Testing Algorithm

For **prenatal specimens only**: If amniotic fluid (nonconfluent cultured cells) is received, amniotic fluid culture/genetic test will be added and charged separately. If chorionic villus specimen (nonconfluent cultured cells) is received, fibroblast culture for genetic test will be added and charged separately.

If this test is ordered in conjunction with CMAP / Chromosomal Microarray, Prenatal, Amniotic Fluid/Chorionic Villus Sampling or CMAPC / Chromosomal Microarray, Autopsy, Products of Conception, or Stillbirth, and no other molecular testing is ordered, test will be changed to PPAP / Parental Sample Prep for Prenatal Microarray Testing, Blood.

Special Instructions

- [Informed Consent for Genetic Testing](#)
- [Informed Consent for Genetic Testing \(Spanish\)](#)
- [Molecular Genetics: Prenatal Patient Information](#)

Method Name

Polymerase Chain Reaction (PCR) based comparison of Microsatellite Markers

NY State Available

Yes

Specimen

Specimen Type

Varies

Ordering Guidance

If a prenatal specimen has already been submitted as part of another diagnostic test, a second prenatal specimen is not required. If a prenatal specimen has not yet been submitted, submit only 1 prenatal specimen.

Additional Testing Requirements

A maternal specimen and a prenatal specimen are both required.

-This test must be ordered on both the prenatal and maternal specimens under separate order numbers.

Shipping Instructions

Specimen preferred to arrive within 96 hours of collection.

Specimen Required

Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Specimen Type: Maternal blood

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Any anticoagulant

Specimen Volume: 3 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send specimen in original tube.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Prenatal Specimens:

Submit only 1 of the following specimens:

Specimen Type: Cord blood

Container/Tube:

Preferred: Lavender top (EDTA) or yellow top (ACD)

Acceptable: Any anticoagulant

Specimen Volume: 3 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send specimen in original tube.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Type: Amniotic fluid
Container/Tube: Amniotic fluid container
Specimen Volume: 20 mL
Additional Information: A separate culture charge will be assessed under CULAF / Culture for Genetic Testing, Amniotic Fluid.
Specimen Stability Information: Refrigerated (preferred)/Ambient

Specimen Type: Cultured amniocytes
Container/Tube: T-25 flask
Specimen Volume: 2 full flasks
Collection Instructions: Submit confluent cultured cells from another laboratory.
Specimen Stability Information: Ambient (preferred)/Refrigerated

Specimen Type: Chorionic villi
Container/Tube: 15-mL tube containing 15 mL of transport media
Specimen Volume: 20 mg
Additional Information: A separate culture charge will be assessed under CULFB / Fibroblast Culture for Genetic Testing, Tissue.
Specimen Stability Information: Refrigerated

Specimen Type: Cultured chorionic villi
Container/Tube: T-25 flasks
Specimen Volume: 2 full flasks
Collection Instructions: Submit confluent cultured cells from another laboratory.
Specimen Stability Information: Ambient (preferred)/Refrigerated

Forms
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 \(T826\)](#)

Specimen Minimum Volume
Amniotic Fluid: 10 mL
Blood, Cord Blood: 0.5 mL
Chorionic Villus: 5 mg

Reject Due To
All specimens will be evaluated by Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
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Varies	Varies		
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Clinical & Interpretive

Clinical Information

One of the risks associated with prenatal testing is maternal cell contamination (MCC), which can occur when a fetal specimen comes into contact with maternal blood or tissue. The risk of MCC is associated with procedures such as chorionic villus sampling, amniocentesis, or extraction of fetal blood from the umbilical cord (cord blood). If MCC is present, the maternal DNA may mask the results of any genetic testing performed on the fetal DNA. Therefore, the results of prenatal testing may be compromised.

To rule out the presence of MCC, a maternal blood specimen is necessary for comparison of maternal and fetal chromosomal markers. The presence of both maternal and nonmaternal alleles for each fetal marker indicates the fetal specimen is not contaminated. MCC is confirmed when both alleles in the fetus are maternal.

Reference Values

An interpretative report will be provided.

Interpretation

An interpretative report will be provided.

Cautions

This test does not rule out the presence of low-level maternal cell contamination (<5%).

Clinical Reference

Nagan N, Faulkner NE, Curtis C, et al: Laboratory guidelines for detection, interpretation, and reporting of maternal cell contamination in prenatal analyses a report of the association for molecular pathology. J Mol Diagn. 2011 Jan;13(1):7-11, doi: 10.1016/j.jmoldx.2010.11.013

Performance

Method Description

The maternal blood genotype is compared to the fetal genotype, derived from amniocyte DNA or chorionic villus DNA, utilizing a PCR-based assay with a set of microsatellite repeat markers.(Unpublished Mayo method)

PDF Report

No

Day(s) Performed

Batched, performed most weekdays

Report Available

10 to 11 days

Specimen Retention Time
Whole Blood: 2 weeks (if available) Extracted DNA: 3 months

Performing Laboratory Location
Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information
81265

Fibroblast Culture for Genetic Test
88233-(if appropriate)
88240-(if appropriate)

Amniotic Fluid Culture/Genetic Test
88235-(if appropriate)
88240-(if appropriate)

Each additional specimen
81266

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
MATCC	Maternal Cell Contamination, B	40704-9

Result ID	Test Result Name	Result LOINC® Value
53285	Result Summary	50397-9
53286	Result	40704-9
53287	Interpretation	69047-9
53288	Reason for referral	42349-1

53289	Specimen	31208-2
53290	Source	31208-2
53291	Released By	18771-6
55150	Method	85069-3