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CHROMOSOMAL MICROARRAY (CMA) REFLEX TESTING CONSTITUTIONAL

Chromosomal microarray is recommended to evaluate this specimen further for cytogenomic aberrations that are below the limits of detection of the metaphase chromosome. CMA is considered an important diagnostic technology that can yield important diagnostic and prognostic information for patients. If CMA is clinically indicated, please sign below to authorize performance of the test. There is an additional charge for this test, however, patient insurance does not always cover the cost of testing; insurance pre-authorization may therefore be warranted before proceeding. If proceeding with testing without prior authorization, the patient may be financially responsible for the cost of the testing.

DNA has been isolated and stored at ICDL, so the follow-up CMA testing can be performed at any time once the signed reflex form is received by the laboratory.

Patient Name:

Clinical Indication/Karyotype:

Specimen type:

Additional Information:

Fax your request back to the laboratory with a physician signature. An addendum report will be issued when the chromosome microarray analysis is complete.

Test Ordered By: _____ Date: _____

CPT code to be billed for this test: 81229

(Place Patient Label Here)