

Connect CARE System

Ordering CMA

A structured form that supports physicians in ordering DNA storage through Connect Care

1

"Open the order 'Cytogenetic Analysis.' This can also be found by searching 'Chromosomal Microarray' or 'CMA.'"

Order Search

CHROMOSOMAL MICROARRAY

Browse Preference List Facility List

Panels (No results found)

Medications (No results found)

Procedures

Name	Type	Pref List	Resulting Agencies	Cost to ...
Cytogenetic Analysis (aka CHROMOSOMAL MICROARRAY (CMA))	Lab	AHS AMB FA...		
Cytogenetic Analysis (aka CHROMOSOMAL MICROARRAY (CMA))	Lab	AHS AMB GE...		



2

Testing is performed on blood. Confirm that pre-test counselling has been provided.

Status: Normal Standing **Future**

Expected Date: 08/11/2024 Today Tomorrow 1 Week 2 Weeks 1 Month 3 Months 6 Months ☐ Approx.

Expires: 08/11/2025

Priority: Routine **Routine**

Class: Lab Collect **Lab Collect** Clinic Collect Third Party

Specimen Type: Blood **Blood**

Specimen Source: Blood **Blood**

Submitter:

By ordering this test, the health care provider confirms that they have provided pre-test counselling.

Yes, I have provided pre-counselling.



3

Select Constitutional/Inherited Condition and check only "chromosomal microarray"

What type of cytogenetic testing is required?

Cancer/Oncology Investigation **Constitutional/Inherited Condition**

What type of constitutional testing is required?

☐ RAD ☒ **Chromosomal Microarray** ☐ Karyotype ☐ FISH ☐ Culture for alternative testing

What is the primary indication for constitutional cytogenetic testing?

Prenatal testing **Congenital anomalies/Developmental delay/Dysmorphic features** Fertility testing

Sex chromosome Trisomy Follow Up/Family Study/Carrier Other

Indication for Cytogenetic testing - choose all that apply

Please specify additional information:

Cytogenetic Indications (Free Text)



4

Provide reason for testing and choose from the options provided. Be sure to specify whether the patient has: **autism spectrum disorder, intellectual disability speech delay, global developmental delay** from the "Indication for Cytogenetic testing" drop down box to ensure testing is accepted by the lab.

