



## Information about Microarray Analysis

Your doctor has requested a chromosomal microarray analysis. This test is used to help identify a genetic cause for your recent loss or the abnormalities detected on scan.

Microarray analysis is a very detailed test looking for small changes in the amount of genetic information, which may be missed by a standard chromosome test, using a microscope.

The microarray result will be one of the following:

- **No clinically significant change i.e. a normal result**  
No chromosome change has been detected. This result does not exclude all genetic conditions.
- **Pathogenic change i.e. abnormal result**  
A chromosome change has been detected which could have caused the loss of this pregnancy or the scan abnormalities detected.

Very rarely a chromosomal abnormality is found that has important health implications but is not related to the reason for referral e.g. the result may be relevant to genetic conditions that have an onset in later life or those that are associated with an increased risk of cancer (*Incidental finding*).

- **Change of uncertain/unknown significance**  
A chromosome change has been detected, but there is limited information available about the effects of the chromosome change and therefore it is difficult to know whether the change is the cause of the problems encountered in your pregnancy.

A change may be associated with variability in the problems it can cause i.e. different people may be affected more or less severely, and it may not be possible to provide the exact risk of a change causing problems or how significant the problems will be.

In some cases samples from each parent may also be analysed to help to assess the importance of the change within the family. Interpretation of a finding may be more difficult if samples from both parents are not available.

Some additional possible outcomes of testing are:

- A change may be detected in the pregnancy which may subsequently be found in either parent
- The test may reveal information about biological relationships
- The test may show that the fetus (and / or parents) is a carrier of a recessive genetic disorder. In this situation, genetic counselling will be required to ensure the family understand the implications of the results

Due to the rarity of some of the chromosome differences the laboratory participates in two international groups, which provide a resource about these various chromosome differences and the clinical features of individuals with those differences. The databases collect information about the microarray result, and the clinical presentation of the pregnancy. This information is submitted without the identifying information about the person. Participation in these databases is important for the assessment of the individual changes, and also for the future analysis of the test.



## Information about Microarray Analysis

Consent is given for:

### 1. Chromosomal Microarray (CMA)

Sample Type: Amniotic fluid, CVS or Products of Conception

Laboratory: Central and Southern Regional Genetic Service

### 2. Sample Storage

Sample Type: DNA and Fixed Cell Storage

Laboratory: Central and Southern Regional Genetic Service

### 3. Participation in Microarray Database Repository

Study: Decipher and ISCA

Location: Cambridge UK and USA

The information from this test may be used for other family / whanau (members) to benefit from genetic testing, if you do not wish to do this, please state below:

**NOTE:** Named test results will not be divulged without further consent.

I understand that this sample and/or any results will not be released to any other third party without my consent (or unless legally required).

I am aware that genetic testing may have insurance implications.

I have read and understood the information given to me and have had the opportunity to ask questions. I understand that I may withdraw or modify this consent at any stage, and that such withdrawal will not affect my further health care.

Signed:		Date:
	Patient / guardian / next of kin	
	Medical Professional	

## MICROARRAY LABORATORY REQUEST FORM

Patient Details				Sample Requirements	
NHI:		D.O.B:		Amniotic Fluid	<input type="checkbox"/>
Surname:		Sex:	F / M	CVS	<input type="checkbox"/>
First Name/s:		DHB of Domicile:		Fetal Tissue	<input type="checkbox"/>
Requested by:		Date:		Placenta	<input type="checkbox"/>
C&SRGS #		Lab File #		Cord	<input type="checkbox"/>
Date & Time of Collection:				Products of Conception	<input type="checkbox"/>

**CONSENT FORM ATTACHED**

**URGENT**

**ROUTINE**

Please Tick	Reason for Referral (give details)
<input type="checkbox"/>	Spontaneous pregnancy loss:  Gestation: _____ weeks/days
<input type="checkbox"/>	Intra-uterine fetal death:  Gestation: _____ weeks/days
<input type="checkbox"/>	Abnormalities detected on scan:  Gestation: _____ weeks/days
<input type="checkbox"/>	Other: