MAYO CLINIC LABORATORIES

Test Definition: MULT

Zygosity Testing (Multiple Births), Varies

Overview

Useful For

Determining genetic risk for an individual whose twin or triplet is affected with a genetic disorder for which a specific genetic test is not available (or such testing is uninformative)

Assessment of risks prenatally when one fetus of multiples is known to be affected by a specific disorder

Organ or bone marrow transplantation compatibility testing

Familial or parental interest

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	No
_STR2	Add'l comp analysis w/STR (Bill Only)	No	No

Genetics Test Information

DNA from twins and their parents is used to determine if the twins are identical (monozygotic) or fraternal (dizygotic).

Testing Algorithm

For prenatal specimens only: If amniotic fluid (nonconfluent cultured cells) is received, amniotic fluid culture/genetic test will be added at an additional charge. If chorionic villus specimen (nonconfluent cultured cells) is received, fibroblast culture for genetic test will be added at an additional charge.

Special Instructions

- Molecular Genetics: Congenital Inherited Diseases Patient Information
- Informed Consent for Genetic Testing
- Informed Consent for Genetic Testing (Spanish)

Method Name

Polymerase Chain Reaction (PCR)/Microsatellite Markers

NY State Available

Yes

Specimen

Specimen Type
Varies

Shipping Instructions
Specimen preferred to arrive within 96 hours of collection.

Necessary Information
A blood specimen from both parents, in addition to a specimen from each multiple, is required.

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

Submit only 1 of the following specimens:

Specimen Type: Whole blood
Container/Tube: Lavender top (EDTA) or yellow top (ACD)
Specimen Volume: 3 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send specimen in original tube. **Do not aliquot**.
Specimen Stability Information: Ambient (preferred)/Refrigerated

Prenatal Specimens
Due to its complexity, consultation with the laboratory is required for all prenatal testing; call 800-533-1710 to speak to a genetic counselor.

Specimen Type: Amniotic fluid
Container/Tube: Amniotic fluid container
Specimen Volume: 20 mL
Specimen Stability Information: Refrigerated (preferred)/Ambient
Additional information:
1. A separate culture charge will be assessed under CULAF / Culture for Genetic Testing, Amniotic Fluid. An additional 2 to 3 weeks is required to culture amniotic fluid before genetic testing can occur.
2. All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.
?
Specimen Type: Chorionic villi
Container/Tube: 15-mL tube containing 15 mL of transport media
Specimen Volume: 20 mg
Specimen Stability Information: Refrigerated
Additional Information:
1. A separate culture charge will be assessed under CULFB / Fibroblast Culture for Biochemical or Molecular Testing. An additional 3 to 4 weeks is required to culture fibroblasts before genetic testing can occur.

2. All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

Acceptable:
Specimen Type: Confluent cultured amniocytes
Container/Tube: T-25 flask
Specimen Volume: 2 Flasks
Collection Instructions: Submit confluent cultured amniocytes from another laboratory.
Specimen Stability Information: Ambient (preferred)/Refrigerated
Additional Information: All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis, Varies on the maternal specimen.

Forms

1. **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)
2. Molecular Genetics: Congenital Inherited Diseases Patient Information (T521) in Special Instructions

Specimen Minimum Volume

Blood: 0.5 mL
Amniotic Fluid: 10 mL
Chorionic Villi: 5 mg

Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Clinical & Interpretive

Clinical Information

Approximately 30% of twins are monozygotic (identical), while 70% are dizygotic (nonidentical or fraternal). Monozygotic twins originate from a single egg and, by definition, have identical DNA markers throughout their genomes. Dizygotic twins, on the other hand, inherit their genetic complement independently from each parent and are no more likely to have genetic material in common than are any other full siblings.

Polymorphic DNA markers have been identified. DNA markers are regions of DNA that display normal variability in the type or the number of nucleotide bases at a given location. One class of repetitive DNA that exhibits marked variability is microsatellites. With the use of such markers, it is possible to distinguish one individual from another because of differences detected at these polymorphic loci. Utilizing polymerase chain reaction followed by capillary electrophoresis, the genotypes of a set of twins (triplets, etc) are derived from the analysis of multiple markers. This genotype is compared to those of their parents to determine if the children are mono- or dizygotic. Any differences detected

between siblings' microsatellite markers indicate dizygosity.

Many disorders are known to occur on a genetic basis though the genes have not been identified for all of them. If one member of a set of twins is diagnosed with a genetic disorder, determination of zygosity, in addition to other testing, may provide additional information regarding risk assessment of unaffected individuals. In addition, zygosity can be useful when evaluating for twin-twin transfusion syndrome during pregnancy or as part of a pre-organ transplant workup for situations where one twin is donating an organ to another twin.

Reference Values
An interpretive report will be provided.

Interpretation
An interpretive report will be provided.

Cautions
Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Errors in our interpretation of results may occur if information given is inaccurate or incomplete.

This test will detect nonpaternity. Chain of custody documentation is not available. This test is not intended for medico-legal or forensic purposes.

Availability of a specimen from all family members (multiples and parents) provides the most accurate results. If parental blood is not available, markers may not be informative.

Clinical Reference
1. Appleman Z, Manor M, Magal N, Caspi B, Shohat M, Blickstein I: Prenatal diagnosis of twin zygosity by DNA "fingerprint" analysis. Prenat Diagn. 1994 Apr;14(4):307-309
2. Neitzel H, Digweed M, Nurnberg P, et al: Routine applications of DNA fingerprinting with the oligonucleotide probe (CAC)5/(GTG)5. Clin Genet. 1991 Feb;39(2):97-103
3. Allen RW, Polesky HF: Parentage and Relationship Testing. In: Leonard DGB, ed. Molecular Pathology in Clinical Practice. 2nd ed. Springer International Publishing; 2016:811-821

Performance

Method Description
Polymerase chain reaction-based assays that recognize highly variable regions of human DNA are used to provide a genotype for multiples and their parents. The number of markers (microsatellites) used is determined on a case-by-case basis to ensure greater than 99.9% predictive value. Calculation of zygosity probability is made using Bayesian analysis.(Unpublished Mayo method)

PDF Report
No

Day(s) Performed

Monday

Report Available
5 to 12 days

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

Performing Laboratory Location
Rochester

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-Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing or maternal cell contamination of fetal cells

88233-Tissue culture, skin or solid tissue biopsy (if appropriate)
88235-Tissue culture for amniotic fluid (if appropriate)
88240-Cryopreservation (if appropriate)
81266-Each additional specimen (eg additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (as needed)

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
MULT	Zygosity Testing (Multiple Births)	55198-6

Result ID	Test Result Name	Result LOINC® Value
53322	Result Summary	50397-9
53323	Result	69548-6
53324	Interpretation	69965-2
53349	Reason for Referral	42349-1

53325	Specimen	31208-2
53326	Source	31208-2
53327	Method	85069-3
53328	Released By	18771-6