

Reporting Title: Chromosomes, Congenital, Blood
Performing Location: Rochester

Shipping Instructions:
Advise Express Mail or equivalent if not on courier service.

Necessary Information:
Provide a reason for testing with each specimen. The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed.

Specimen Requirements:
Submit only 1 of the following specimens:

Specimen Type: Whole blood
Container/Tube: Green top (sodium heparin)
Specimen Volume: 4 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Other anticoagulants are not recommended and are harmful to the viability of the cells.
3. Label specimen as whole blood.

Specimen Type: Cord blood
Container/Tube: Green top (sodium heparin)
Specimen Volume: As much as possible
Collection Instructions:
1. Invert several times to mix blood.
2. Other anticoagulants are not recommended and are harmful to the viability of the cells.
3. Label specimen as cord blood.

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:
[-Informed Consent for Genetic Testing](#) (T576)
[-Informed Consent for Genetic Testing-Spanish](#) (T826)

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)		
	Refrigerated		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CHRCB	CG775	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52366	Result Summary	Alphanumeric		50397-9
52368	Interpretation	Alphanumeric		69965-2
52367	Result	Alphanumeric		82939-0
CG775	Reason for Referral	Alphanumeric		42349-1
52369	Specimen	Alphanumeric		31208-2
52370	Source	Alphanumeric		31208-2
52372	Method	Alphanumeric		85069-3
52371	Banding Method	Alphanumeric		62359-5
54630	Additional Information	Alphanumeric		48767-8
52373	Released By	Alphanumeric		18771-6

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

- 88230, 88291- Tissue culture for Lymphocytes, Interpretation and report
- 88262 w/modifier 52-Chromosome analysis less than15 cells (if appropriate)
- 88262-Chromosome analysis with 15 to 20 cells (if appropriate)
- 88262, 88285-Chromosome analysis with greater than 20 cells (if appropriate)
- 88280-Chromosome analysis, greater than 2 karyotypes (if appropriate)
- 88283-Additional specialized banding technique (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
_M15A	Metaphases, 1-14	1	88262	No	No, (Bill Only)
_M19	Metaphases, 15-20	1	88262	No	No, (Bill Only)
_MG19	Metaphases, >20	1	88262	No	No, (Bill Only)
_KTG2	Karyotypes, >2	1	88280	No	No, (Bill Only)
_STAC	Ag-Nor/CBL Stain	1	88283	No	No, (Bill Only)

Reference Values:

An interpretive report will be provided.