MAYO CLINIC LABORATORIES

Test Definition: CHRHB

Chromosome Analysis, Hematologic Disorders, Blood

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

Ordering Guidance:

This test is not appropriate for detecting constitutional/congenital chromosome abnormalities. If this test is ordered with a reason for testing indicating a concern for a constitutional/congenital chromosome abnormality, the test will be canceled and CHRCB / Chromosome Analysis, Congenital Disorders, Blood will be added and performed as the appropriate test.

If this test is ordered and the laboratory is informed that the patient is on a Children's Oncology Group (COG) protocol, this test will be canceled and automatically reordered by the laboratory as COGBL / Chromosome Analysis, Hematologic Disorders, Children's Oncology Group Enrollment Testing, Blood.

Consultation with personnel from the Cytogenetics Laboratory is recommended when considering blood studies for hematologic disorders. Call 800-533-1710 and ask for the Cytogenetics Genetic Counselor on call.

Shipping Instructions:

Advise Express Mail or equivalent if not on courier service.

Necessary Information:

1. A reason for testing should be submitted 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.
2. A pathology and/or flow cytometry report may be requested by the laboratory to optimize testing and aid in interpretation of results.

Specimen Requirements:

Container/Tube:
Preferred: Yellow top (ACD)
Acceptable: Green top (sodium heparin) or lavender top (EDTA)
Specimen Volume: 6 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not** aliquot.

Forms:

If not ordering electronically, complete, print, and send a Hematopathology/Cytogenetics Test Request (T726) with the specimen.

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CHRHB	CG778	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
52391	Result Summary	Alphanumeric		50397-9
52393	Interpretation	Alphanumeric		69965-2
52392	Result	Alphanumeric		82939-0
CG778	Reason for Referral	Alphanumeric		42349-1
52394	Specimen	Alphanumeric		31208-2
52395	Source	Alphanumeric		31208-2
52397	Method	Alphanumeric		85069-3
52396	Banding Method	Alphanumeric		62359-5
54633	Additional Information	Alphanumeric		48767-8
52398	Released By	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

88237, 88291-Tissue culture for neoplastic disorders; bone marrow, blood, Interpretation and report
88264 w/ modifier 52-Chromosome analysis with less than 20 cells (if appropriate)
88264-Chromosome analysis with 20 to 25 cells (if appropriate)
88264,88285-Chromosome analysis with greater than 25 cells (if appropriate)
88283-Additional specialized banding technique (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
_ML20	Metaphases, 1-19	1	88264	No	No, (Bill Only)
_M25	Metaphases, 20-25	1	88264	No	No, (Bill Only)
_MG25	Metaphases, >25	1	88264	No	No, (Bill Only)
_STAC	Ag-Nor/CBL Stain	1	88283	No	No, (Bill Only)

Reference Values:

An interpretative report will be provided.