
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.

Specimen Minimum Volume:

2 mL

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
CHR CB	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 than 15 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	Orderable Separately
_M15A	Metaphases, 1-14			No	No (Bill Only)
_M19	Metaphases, 15-20			No	No (Bill Only)
_MG19	Metaphases, >20			No	No (Bill Only)
_KTG2	Karyotypes, >2			No	No (Bill Only)
_STAC	Ag-Nor/CBL Stain			No	No (Bill Only)

Reference Values:

An interpretive report will be provided.