

**Medical Genetics**  
**Wake Forest University School of Medicine**  
**Winston Salem NC**

Phone: 336-716-4321 Fax: 336-716-2554

**Test: Oncology Pleural Fluid/CNS Fluid/Lymph Node Chromosome Analysis**

**Purpose of Test:** To identify acquired chromosome abnormalities detectable by routine cytogenetic analysis. This includes: translocations, deletions, duplications, inversions, and numerical aberrations.

**Required Information:** Please provide indications (ICD-9) for testing on our referral form with each specimen. Accurate testing and interpretation may otherwise be compromised.

**Pleural Fluid**

- Aseptically obtain 25 to 50 mL of pleural fluid. Place in a sterile screw-capped container.
- Label vial with patient's name.
- **SEND SPECIMEN REFRIGERATED, DO NOT FREEZE.**

**Central Nervous Spinal (CNS) Fluid**

- Aseptically obtain 5 to 10 mL of CNS fluid.
- Place in a sterile screw-capped container.
- Label container with patient's name.
- **SEND SPECIMEN REFRIGERATED, DO NOT FREEZE.**

**Lymph Node**

- Aseptically obtain 1-3 cm of lymphomatous tissue. Place specimen in a screw-capped, sterile container with sterile medium or alternatively Hank's balanced salt solution, Ringer's solution, or physiologically normal saline.
- Label container with patient's name.
- **SEND SPECIMEN REFRIGERATED, DO NOT FREEZE.**

**Adjunct Test:** FISH specific per physician's request  
No additional specimen required.

**Turn Around Time:** 6-10 days – stat 24 hr

**CPT Code Information:**

88239	Other tissue culture (solid tumor)
88262	Count 15-20 cells, 2 karyotypes, GTG
88280	Additional karyotypes, each study
88285	Additional cells counted, each study