

Medical Genetics
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Test: Congenital Disorders Specialized Genetic/Biochemical Testing Skin Biopsy Fibroblast Culture

Purpose of Test: Growing of fibroblast cultures for specialized molecular genetic or biochemical testing or freezing/storage of cells for future testing.

Required Information: Please provide indications (ICD-9) for testing on our referral form with each specimen. Accurate testing and interpretation may otherwise be compromised. Information regarding special culture conditions and the number of culture flasks necessary for testing must be sent with the specimen. If the specimen is to be sent to an outside referral laboratory, a letter to the laboratory and/or physician regarding the test must be sent to the laboratory prior to sending the specimen.

Skin Biopsy

- Wash biopsy site with an antiseptic soap (i.e. pHisoHex) and thoroughly rinse area with sterile water. Alternatively, swab area with alcohol and allow the area dry before performing biopsy. **Do not use iodine preparations.**
- A local anesthetic may be used.
- Biopsy specimens are best taken by punch biopsy to include full thickness of dermis.
- Biopsy should be 4 mm in diameter.
- Aseptically place biopsy in a screw-capped, sterile container with sterile media 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.**

Turn Around Time: 10-16 days for culturing only

CPT Code Information:

88233 Tissue culture, skin, or solid tissue biopsy

Test: Hematologic Disorders Bone Marrow/Bone Core Chromosome Analysis

Purpose of Test: To identify any acquired chromosome anomalies associated with leukemia: i.e. CML, Philadelphia chromosome.

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

Bone Marrow

Aspirate 1-5 mLs of a first draw into a syringe coated with 200 units preservative free sodium heparin (provided by our lab). If more than 2 hr delay in delivery to our lab, add 5 mLs medium (provided by our lab). Label vial with patient's name. Clotted bone marrow is not acceptable for analysis. Other anticoagulants are not recommended and are harmful to the viability of the cells.

SEND SPECIMEN PROMPTLY AT ROOM TEMPERATURE.

Bone Core

Place sample in a sterile collection tube containing 5 mLs medium (provided by our lab). Label tube with patient's name. Note: there is about a 25% chance that a bone core sample will not yield results.

SEND SPECIMEN PROMPTLY AT ROOM TEMPERATURE.

Adjunct Tests: FISH – No additional specimen required.

Turn Around Time: 6-10 days – stats 24 hr

CPT Code Information:

- 88237 BM tissue culture
- 88262 15-20 cells, 2 karyotypes, GTG
- 88280 Additional karyotypes, each study
- 88285 Additional cells counted, each study

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Test: Hematologic Disorders Peripheral Blood, unstimulated Chromosome Analysis

Purpose of Test: To identify any acquired chromosome anomalies associate with leukemia: i.e. CML, Philadelphia chromosome.

Required Information: Please provide indications for testing on our referral form with each specimen. Accurate testing and interpretation may otherwise be compromised.

Blood

Draw 7-10 mL (pediatric: 2-5 mL) peripheral blood into a green-top (sodium heparin) collection tube. Swab area with alcohol and let dry. **Do not swab with Betadine.** Invert collection tube several times to mix blood. Label vial with patient's name. Clotted blood is not acceptable for analysis. Other anticoagulants are not recommended and are harmful to the viability of the cells. Note: A low percentage of blast cells in the peripheral blood will often led to culture failure.

SEND SPECIMEN PROMPTLY AT ROOM TEMPERATURE.

Adjunct Tests: FISH specific per physician's request

No additional specimen required.

Turn Around Time: 6-10 days – stats 24 hours

CPT Code Information:

- 88237 BM and neoplastic blood cell culture
- 88262 15-20 cells, 2 karyotypes, GTG
- 88280 Additional karyotypes, each study
- 88285 Additional cells counted, each study

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Test: Oncology Solid Tumors/Fine Needle Aspirates (FNA) 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.

Solid Tumor/FNA

Aseptically place a 0.5 cm or larger tumor biopsy or the FNA in a sterile transport container with 10 mL of sterile medium. Alternatively Hank's balanced salt solution, Ringer's solution, RPMI medium or physiologically normal saline can be used. Label container with patient's name and specimen type.

SEND SPECIMEN REFRIGERATED, DO NOT FREEZE.

Adjunct Test: FISH specific per physician's request

No additional specimen required.

Turn Around Time: 12-18 days

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

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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

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