Medical Genetics

Wake Forest University School of Medicine

Winston Salem NC

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

TEST: CONGENITAL DISORDERS PERIPHERAL BLOOD CHROMOSOME ANALYSIS

Purpose of Test: To identify chromosome abnormalities that can be detected by routine cytogenetic analysis. This includes: translocations, duplications, deletions, 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.

Blood

- Swab area with alcohol and let dry. Do not swab with Betadine.
- Draw 5-10 mL (pediatric: 2-5 mL) peripheral blood in a green-top (sodium heparin) collection tube.
- Invert collection tube several times to mix blood.
- Label vial with patient's name.
- Clotted blood is not acceptable. Other anticoagulants are not recommended and are harmful to the viability of the cells.

SEND SPECIMEN PROMPTLY AT ROOM TEMPERATURE.

Adjunct Tests: FISH – No additional specimen required.

Turn Around Time: 6-10 days - stats 48 hours

CPT Code Information:

ROUTINE

88230	PB tissue culture
88262	15-20 cells, 2 karyotypes, GTG
88280	Additional karyotypes, each study
88285	Additional cells counted, each study

STAT PB

88230	PB tissue culture
88261	Chromosome analysis; count 5 cells, screening, with banding
88262	15-20 cells, 2 karyotypes, GTG

Family Study *(when a chromosome anomaly is known)*

88230	PB tissue culture
88261	5 cells, 1 karyotypes, GTG

High Resolution

88230	PB tissue culture
88262	15-20 cells, 2 karyotypes, GTG
88289	High Resolution
88280	Additional karyotypes, each study
88285	Additional cells counted, each study