

St. John Health System Lab Catalog

Chromosome Analysis, High Resolution

Clinical Use

CPT Code(s)

Service Provided By

Notes

Order Name: CHROMO HI Test Number: 0112875 Revision Date: 03/06/2024

TEST NAME			METHODOLOGY	LOINC CODE
Chromosome Analysis, High Resolution			Karyotype	
SPECIMEN REQUIRI	EMENTS			
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	5 mL (3 mL)	Whole Blood	Sodium Heparin (Green Top / Gel)	No- Room Temperature
Instructions	 Collect: 3-5 mL peripheral blood in sodium heparin (green) for children and adults; 1-2 mL peripheral blood in sodium heparin (green) for newborns (Minimun Collection: 1 mL for newborns; 2 mL for children and adults) Transport: peripheral blood in sodium heparin (green) at Room Temperature 20-25'C Stability: Ambient: 24 hours; Refrigerated: 72 hours; Frozen: unacceptable Unacceptable Conditions: Frozen or clotted specimens; specimens in anticoagulants other than sodium heparin. 			
GENERAL INFORMATION				
Testing Schedule	Mon-Sat			
Expected TAT	12-16 days after set-up			

couples with histories of two or more fetal losses or infertility problems.

Reference Lab - Genetic Center at Saint Francis

labcorp Oklahoma, Inc.

88230; 88262; 88289; 88291

Appropriate for multiple congenital anomalies, mental retardation, family members of patients with subtle chromosomal abnormalities,