

Chromosome Analysis, High Resolution


Order Name: **CHROMO HI**

Test Number: 0112875

Revision Date: 03/06/2024

TEST NAME	METHODOLOGY	LOINC CODE
Chromosome Analysis, High Resolution	Karyotype	

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	5 mL (3 mL)	Whole Blood	Sodium Heparin (Green Top / No-Gel)	Room Temperature
Instructions	<p><b>Collect:</b> 3-5 mL peripheral blood in sodium heparin (green) for children and adults; 1-2 mL peripheral blood in sodium heparin (green) for newborns (Minimum Collection: 1 mL for newborns; 2 mL for children and adults)</p> <p><b>Transport:</b> peripheral blood in sodium heparin (green) at Room Temperature 20-25'C</p> <p><b>Stability:</b> Ambient: 24 hours; Refrigerated: 72 hours; Frozen: unacceptable</p> <p><b>Unacceptable Conditions:</b> Frozen or clotted specimens; specimens in anticoagulants other than sodium heparin.</p>			

GENERAL INFORMATION	
Testing Schedule	Mon-Sat
Expected TAT	12-16 days after set-up
Clinical Use	Appropriate for multiple congenital anomalies, mental retardation, family members of patients with subtle chromosomal abnormalities, couples with histories of two or more fetal losses or infertility problems.
Notes	Reference Lab - Genetic Center at Saint Francis
CPT Code(s)	88230; 88262; 88289; 88291
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.