

Chromosome Analysis, Blood

Order Name: **CHROMO BLD**
 Test Number: 0113475
 Revision Date: 03/06/2024

TEST NAME	METHODOLOGY	LOINC CODE
Chromosome Analysis, Blood	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	Specimen should be sent to the laboratory IMMEDIATELY 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 (Minimum 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. Special Instructions: Pertinent medical findings must accompany request for chromosome analysis. Include the patient's name, age, and suspected diagnosis.			
GENERAL INFORMATION				

Testing Schedule	Mon-Sat
Expected TAT	12-16 days after set-up
Clinical Use	This is a peripheral blood chromosome analysis to aid in the identification of Down Syndrome, Infertility Karyotype, Klinefelters Syndrome, Turners Syndrome, Spontaneous Abortion.
Notes	Reference Lab - Genetic Center at Saint Francis
CPT Code(s)	88230; 88262; 88291
Service Provided By	 labcorp Oklahoma, Inc.