


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 (mL) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 5 mL (3 mL) | Whole Blood | Sodium Heparin (Green Top / No-Gel) | Room Temperature |
| Instructions | <p>Specimen should be sent to the laboratory IMMEDIATELY</p> <p>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)</p> <p>Transport: peripheral blood in sodium heparin (green) at Room Temperature 20-25°C</p> <p>Stability: Ambient: 24 hours; Refrigerated: 72 hours; Frozen: unacceptable</p> <p>Unacceptable Conditions: Frozen or clotted specimens; specimens in anticoagulants other than sodium heparin.</p> <p>Special Instructions: Pertinent medical findings must accompany request for chromosome analysis. Include the patient's name, age, and suspected diagnosis.</p> | | | |

| 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. |