MAYO CLINIC
Mayo Medical Laboratories

Test Definition: TUMOR

Chromosome Analysis, Solid Tumors

Reporting Title: Chromosomes, Solid Tumor
Performing Location: Rochester

Specimen Requirements:

Provide a reason for referral with each specimen. The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed. Include pathology reports, if available.

Container/Tube: Sterile container with sterile Hank's balanced salt solution (Supply T132), Ringer's solution, or normal saline
Specimen Volume: 0.5-3 cm(3) or larger
Additional Information: Advise Express Mail or equivalent if not on courier service.
Forms: If not ordering electronically, submit a Cytogenetics Hematologic Disorders Request Form (Supply T607) with the specimen.

Specimen Type	Temperature	Time
Tissue	Refrigerated (preferred)	
	Ambient	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
TUMOR	G_471	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
16155	Specimen	Alphanumeric		N/A
16336	Specimen ID	Alphanumeric		N/A
16791	Source	Alphanumeric		31208-2
16156	Order Date	Alphanumeric		N/A
G_471	Reason for Referral	Alphanumeric		42349-1
16160	Method	Alphanumeric		49549-9
50476	Banding Methods	Alphanumeric		62359-5
16162	Results	Alphanumeric		35129-6

Result ID	Reporting Name	Type	Unit	LOINC®
16163	Interpretation	Alphanumeric		69965-2
16164	Amendment	Alphanumeric		35129-6
16165	Consultant	Alphanumeric		N/A
16166	Report Date	Alphanumeric		N/A

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	Unlisted Cytogenentic Study	1	88299		
Billing only	Cytogenetic Interp/Report	1	88291		
Billing only	Tissue Culture-Chromosome	1	88239		

Reference Values:

46,XX or 46,XY. No apparent chromosome abnormality.
An interpretive report will be provided.