

Test Definition: CTI

Chromosome Analysis, Skin Biopsy

Reporting Title: Chromosomes, Skin Biopsy

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.

Container/Tube: Sterile container with sterile RPMI transport media, Ringer's solution, or normal saline-RPMI transport media (Supply T095-Petri dish is not needed for this test).

Specimen Volume: 4 mm diameter

Collection Instructions:

- 1. Wash biopsy site with an antiseptic soap.
- 2. Thoroughly rinse area with sterile water.
- 3. Do not use alcohol or iodine preparations.
- 4. A local anesthetic may be used.
- 5. Biopsy specimens are best taken by punch biopsy to include full thickness of dermis.

Additional Information: Advise Express Mail or equivalent if not on courier service.

Forms:

- 1. New York Clients-Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing (Supply T576) is available in Special Instructions.
- 2. If not ordering electronically, submit a Cytogenetics/AFP Congenital Disorders Request Form (Supply T238) with the specimen.

Specimen Type	Temperature	Time	
Tissue	Refrigerated (preferred)		
	Ambient		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Туре	Reportable
CTI	G_12	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
16023	Specimen	Alphanumeric		31208-2
16325	Specimen ID	Alphanumeric		In Process

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Result ID	Reporting Name	Туре	Unit	LOINC®
16780	Source	Alphanumeric		N/A
16024	Order Date	Alphanumeric		N/A
G_12	Reason for Referral	Alphanumeric		42349-1
16028	Method	Alphanumeric		49549-9
50475	Banding Methods	Alphanumeric		62359-5
16030	Results	Alphanumeric		35129-6
16031	Interpretation	Alphanumeric		69965-2
16032	Amendment	Alphanumeric		In Process
16033	Consultant	Alphanumeric		In Process
16034	Report Date	Alphanumeric		N/A

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	Cytogenetic Interp/Report	1	88291		
Billing only	Chrom Analysis-15-20 cell	1	88262		
Billing only	Chromosome Culture,Tissue	1	88233		

Reference Values:

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