Reporting Title: Chromosomes, Congenital, Blood
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.

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.

Submit only 1 of the following specimens:

Specimen Type: Whole blood
Container/Tube: Green top (sodium heparin)
Specimen Volume: 5 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Other anticoagulants are not recommended and are harmful to the viability of the cells.
3. Label specimen as whole blood.

Specimen Type: Cord whole blood
Container/Tube: Green top (sodium heparin)
Specimen Volume: As much as possible
Collection Instructions:
1. Invert several times to mix blood.
2. Other anticoagulants are not recommended and are harmful to the viability of the cells.
3. Label specimen as cord blood.

Specimen Type	Temperature	Time
WB Sodium Heparin	Ambient (preferred)	
	Refrigerated	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CMS	G_37	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
16083	Specimen	Alphanumeric		N/A
16330	Specimen ID	Alphanumeric		N/A
16785	Source	Alphanumeric		31208-2
16084	Order Date	Alphanumeric		N/A
G_37	Reason For Referral	Alphanumeric		42349-1
16088	Method	Alphanumeric		49549-9
50463	Banding Methods	Alphanumeric		62359-5
16090	Results	Alphanumeric		35129-6
16091	Interpretation	Alphanumeric		69965-2
16092	Amendment	Alphanumeric		35129-6
16093	Consultant	Alphanumeric		N/A
16094	Report Date	Alphanumeric		N/A

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	Unlisted Cytogenetic Study	1	88299		
Billing only	Cytogenetic Interp/Report	1	88291		
Billing only	Tissue Culture	1	88230		

Reference Values:

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