**Reporting Title:** Chromosome, CpG Mitogen Study
**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.

Forms: If not ordering electronically, submit a Cytogenetics Hematologic Disorders Request Form (Supply T607) with the specimen.

Advise Express Mail or equivalent if not on courier service.

Submit only 1 of the following specimens:

Specimen Type: Blood
Container/Tube: Green top (sodium heparin)
Specimen Volume: 5-10 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.

Specimen Type: Bone marrow
Container/Tube: Green top (sodium heparin)
Specimen Volume: 2-3 mL
Collection Instructions:
1. It is preferable to send the first aspirate from the bone marrow collection.
2. Invert several times to mix bone marrow.
3. Other anticoagulants are not recommended and are harmful to the viability of the cells.

Specimen Type: Lymph node
Container/Tube: Sterile container with sterile Hank's balanced salt solution (Supply T132), Ringer's solution, or normal saline
Specimen Volume: 1 cm(3)
Additional Information: Spleen tissue or extranodal tissue may be submitted when a lymphomatous disorder is believed to involve these tissues.

| Specimen Type | Temperature | Time |
|---|---|---|
| Varies | Ambient (preferred) | |
| | Refrigerated | |

## Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---|---|---|---|---|
| CPG | CG138 | Source:<br>• Whole blood Na Hep<br>• Bone marrow Na Hep | Answer List | Yes |
| CPG | CG140 | Reason For Referral | Plain Text | Yes |

## Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|
| 29637 | Specimen | Alphanumeric | | 31208-2 |
| 29638 | Specimen ID | Alphanumeric | | N/A |
| CG138 | Source | Alphanumeric | | N/A |
| 29640 | Order Date | Alphanumeric | | N/A |
| CG140 | Reason For Referral | Alphanumeric | | 42349-1 |
| 29642 | Method | Alphanumeric | | 49549-9 |
| 50465 | Banding Methods<br>**Also used by tests: CVS** | Alphanumeric | | 62359-5 |
| 29643 | Result | Alphanumeric | | N/A |
| 29644 | Interpretation | Alphanumeric | | N/A |
| 29645 | Amendment | Alphanumeric | | N/A |
| 29646 | Reviewed By | Alphanumeric | | N/A |
| 29647 | Release 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 | Interpretation and Report | 1 | 88291 | | |
| Billing only | Tissue Culture | 1 | 88237 | | |

## Reference Values:

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