Reporting Title: Chromosomes, Body Fluid
Performing Location: Rochester

Specimen Requirements:

Provide a reason for referral and the specimen source 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
Specimen Volume: 25-50 mL
Collection Instructions: Collect specimen in a sterile syringe.
Additional Information: Advise Express Mail or equivalent, if not on courier service.
Forms: If not ordering electronically, please submit the following forms with the specimen:
-Cytogenetics/AFP Congenital Disorders Request Form (Supply T238) with the specimen
-Cytogenetics Hematologic Disorders Request Form (Supply T607)

Specimen Type	Temperature	Time
Body Fluid	Refrigerated (preferred)	
	Ambient	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
PF	CG345	Reason For Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
16119	Specimen	Alphanumeric		31208-2
16333	Specimen ID	Alphanumeric		N/A
16788	Source	Alphanumeric		N/A
16120	Order Date	Alphanumeric		N/A
CG345	Reason For Referral	Alphanumeric		42349-1
16124	Method	Alphanumeric		49549-9
50470	Banding Methods	Alphanumeric		62359-5
16126	Results	Alphanumeric		35129-6

Result ID	Reporting Name	Type	Unit	LOINC®
16127	Interpretation	Alphanumeric		69965-2
16128	Amendment	Alphanumeric		In Process
16129	Consultation	Alphanumeric		In Process
16130	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-Chromosome	1	88239		

Reference Values:

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