MAYO CLINIC
Mayo Medical Laboratories

Test Definition: SBK

Chromosome Analysis, Spontaneous Breakage Analysis, Blood

Reporting Title: Chromosomes, Spontaneous Breakage
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: 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.
Additional Information: Advise Express Mail or equivalent if not on courier service.
Forms: If not ordering electronically, submit a Cytogenetics/AFP Congenital Disorders Request Form (Supply T238) with the specimen.

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
SBK	CG370	Reason for Referral	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
29996	Specimen	Alphanumeric		31208-2
29997	Specimen ID	Alphanumeric		N/A
29998	Source	Alphanumeric		N/A
29999	Order Date	Alphanumeric		N/A
CG370	Reason For Referral	Alphanumeric		42349-1
30010	Method	Alphanumeric		49549-9
50473	Banding Methods	Alphanumeric		62359-5

Result ID	Reporting Name	Type	Unit	LOINC®
30015	Results	Alphanumeric		N/A
30019	Interpretaton	Alphanumeric		N/A
30020	Amendment	Alphanumeric		N/A
30021	Reviewed By	Alphanumeric		N/A
30022	Release Date	Alphanumeric		N/A

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	Ctyo & Molec Cyto Interp & Report	1	88291		
Billing only	Chromosome Analysis Breakage Syndromes	1	88248		
Billing only	Tissue Culture	1	88230		

Reference Values:

An interpretive report will be provided.