## **Chromosome Analysis, High Resolution**

Order Name: CHROMO HI
Test Number: 0112875
Revision Date: 03/06/2024

TEST NAME			METHODOLOGY	LOINC CODE
Chromosome Analysis, High Resolution		Karyotype		
SPECIMEN REQU	IREMENTS			
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	5 mL (3 mL)	Whole Blood	Sodium Heparin (Green Top / No-Gel)	Room Temperature
Instructions	Collect: 3-5 mL peripheral blood in sodium heparin (green) for children and adults; 1-2 mL peripheral blood in sodium heparin (green) for newborns (Minimun Collection: 1 mL for newborns; 2 mL for children and adults)  Transport: peripheral blood in sodium heparin (green) at Room Temperature 20-25'C  Stability: Ambient: 24 hours; Refrigerated: 72 hours; Frozen: unacceptable  Unacceptable Conditions: Frozen or clotted specimens; specimens in anticoagulants other than sodium heparin.			

GENERAL INFORMATION		
Testing Schedule	Mon-Sat	
Expected TAT	12-16 days after set-up	
Clinical Use	Appropriate for multiple congenital anomalies, mental retardation, family members of patients with subtle chromosomal abnormalities, couples with histories of two or more fetal losses or infertility problems.	
Notes	Reference Lab - Genetic Center at Saint Francis	
CPT Code(s)	88230; 88262; 88289; 88291	
Lab Section	Reference Lab	

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