Lab Dept:	Anat	tom	ic	Patho	olog	y	

Test Name: CHROMOSOME, BLOOD, LIMITED G-BAND STUDY

General Information

Lab Order Codes:	GBAND
Synonyms:	G-Bands; Karyotype; Limited G Band Analysis; Limited Chromosomes
CPT Codes:	88230 – Tissue culture for non-neoplastic disorders; lymphocyte 88261 – Chromosome analysis; count 5 cells, 1 karyotype, with banding 88291 88237
Test Includes:	N/A
Logistics	
Test Indications:	N/A
Lab Testing Sections:	Anatomic Pathology - Sendouts
Referred to:	Fairview University of Minnesota Medical Center – Cytogenetics
	(UM Test Code: LAB6603/LTDHR)
Phone Numbers:	MIN Lab: 612-813-6280
	STP Lab: 651-220-6550
Test Availability:	Daily
Turnaround Time:	Results in 7-21 days
Special Instructions:	Special tube required. See Container, contact the laboratory for appropriate tube.
Specimen	
Specimen Type:	Whole blood

Container: Blood: Green top (Sodium Heparin), no gel, tube

Draw Volume:	Blood: 10 mL (Minimum: 5 mL) blood	
	(Note: 1-3 mL blood will be accepted for infants and small children)	
Processed Volume:	Same as Draw Volume	
Collection:	Routine blood collection	
Special Processing:	Lab Staff: Do not centrifuge. Forward specimen to Send Outs. Store and ship at room temperature. Must arrive at reference lab within 24 hours of collection.	
Patient Preparation:	None	
Sample Rejection:	Improper storage, mislabeled or unlabeled specimen, clotted specimens, incorrect anticoagulant	
Interpretive		
Reference Range:	An interpretive report will be provided	
Critical Values:	N/A	
Limitations:	CGH must have previously been reported or a limited study will not be performed.	
	Specimens must be received in the Cytogenetics Laboratory Mon-Fri by 5:30 pm. Weekends and holidays by 4:30 pm. Specimens received after these cutoffs will be processed the following day.	
Methodology:	Chromosome analysis by G-banding	
References:	Fairview University Laboratories April 2023	
Updates:	04/20/2023: Updated minimum specimen volume, CPT codes, reference lab code, and methodology	