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**Lab Dept:**                    **Anatomic Pathology**

**Test Name:**                **CONSTITUTIONAL LIMITED CHROMOSOMAL  
MICROARRAY (COPY NUMBER ONLY, CHARGED)**

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***General Information***

**Lab Order Codes:**        **CGHL:** Limited assay, known pathologic mutation (limited charge)

**Synonyms:**                n/a

**CPT Codes:**              88230 – Tissue culture for non-neoplastic disorders; lymphocyte  
81228 – Cytogenomic constitutional (genome-wide) microarray analysis;  
interrogation of genomic regions for copy number variants

**Test Includes:**            For characterization of abnormalities detected by G-banding.

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***Logistics***

**Test Indications:**        Constitutional Limited Chromosomal Microarray (Copy number only)  
(Charged) and Parental Follow-up should only be ordered if parental or  
familial studies were recommended by the MHealth Fairview Cytogenetics  
laboratory as a follow-up to the proband's report.

**Lab Testing Sections:**    Anatomic Pathology - Sendouts

**Referred to:**              MHealth Fairview University of Minnesota Medical Center Cytogenetics  
  
(UM Test: **LAB1098**)

**Phone Numbers:**        MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:**        Daily, 24 hours

**Turnaround Time:**        Results are reported within 28 days.

**Special Instructions:**    N/A

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***Specimen***

**Specimen Type:**            Whole Blood or Cord Blood

<b>Container:</b>	Lavender (EDTA)  Alternative: A Yellow (ACD) tube can be substituted for the Lavender top tube.
<b>Draw Volume:</b>	5 mL (3 mL minimum) blood  <b>Note:</b> 1-3 mL per tube Minimum for infants and children, with 3 mL strongly preferred
<b>Processed Volume:</b>	Same as Draw Volume
<b>Collection:</b>	Routine venipuncture. Heelstick or fingerstick is not acceptable.
<b>Special Processing:</b>	Lab Staff: Do Not Centrifuge. Specimen should remain in the original collection container. Store and ship at room temperature. Forward promptly to reference lab.  For optimal testing results, the specimen must arrive within 24 hours of collection.  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 cut-offs will be processed the following day.
<b>Patient Preparation:</b>	None
<b>Sample Rejection:</b>	Clotted or frozen sample; mislabeled or unlabeled specimens

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### ***Interpretive***

<b>Reference Range:</b>	Interpretive report
<b>Critical Values:</b>	N/A
<b>Limitations:</b>	Post-natal studies only.
<b>Methodology:</b>	Copy Number Chromosomal microarray (CMA)  CGHL analysis is limited to regions noted in proband report.
<b>References:</b>	<a href="#">MHealth Fairview Reference Laboratories</a> , September 2023
<b>Updates:</b>	1/12/2024: Initial entry to separate three test that were previously combined into one entry (CGH, CGHL and CGHV). Removed green top tube as a required specimen per changes at reference lab.