Lab Dept: Anatomic Pathology

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

**General Information**

Lab Order Codes: GBAND

Synonyms: N/A

CPT Codes: 88230 – Tissue culture for non-neoplastic disorders; lymphocyte
88261 – Chromosome analysis; count 5 cells, 1 karyotype, with banding.

Test Includes: N/A

**Logistics**

Test Indications: N/A

Lab Testing Sections: Anatomic Pathology - Sendouts

Referred to: Fairview University Cytogenetics (FV Test: LTDHR)

Phone Numbers: MIN Lab: 612-813-6280
                STP Lab: 651-220-6550

Test Availability: Daily

Turnaround Time: Results in 28 days

Special Instructions: Special tube required. See Container, contact the laboratory for appropriate tube.

**Specimen**

Specimen Type: Whole blood

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

Draw Volume: 10 mL (Minimum: 5 mL) blood

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

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**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.

**Methodology:** Methodology is determined by lab director based on clinical indications.

**References:** [Fairview University Laboratories](https://www.fairview.org) March 2018