Lab Dept: Anatomic Pathology

Test Name: COMPARATIVE GENOMIC HYBRIDIZATION (CGH)

General Information

Lab Order Codes: CGH: Full assay (full charge)  
CGHL: Limited assay, known pathologic mutation (limited charge)  
CHGV: Variant of unknown significance (no charge)

Correct assay order should be based on clinical findings.

Synonyms: Comparative Genomic Hybridization, Microarray; aCGH

CPT Codes: CGH: 88230 – Tissue culture for non-neoplastic disorders; lymphocyte  
81228 – Cytogenomic constitutional microarray analysis

CGHL: 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-bandng.

Logistics

Test Indications: FISH for detection of small duplications and deletions in patients with normal G-banded karyotypes.

Lab Testing Sections: Anatomic Pathology - Sendouts

Referred to: Fairview University Medical Center – Cytogenetics Lab  
FV CGH Test: ECYHLD-99  
FV CGHV Test: ECYHLD-27  
FV CGHV Test: ECYHLD-29

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: Performed Monday-Friday. Results are reported within 28 days.

Special Instructions: Please see Container and Draw Volume

Specimen
**Specimen Type:** Whole Blood

**Container:** Green (sodium heparin, no gel) AND Lavender (EDTA) top tubes  
*Both tubes are required.*  

**Note:** A Yellow (ACD) tube can be substituted for the Lavender top tube.

**Draw Volume:** 20 mL (10 mL per tube) (Minimum: 10 mL [5 mL per tube]) blood  

**Note:** 1-3 mL per tube Minimum for infants and children, with 3 mL strongly preferred

**Processed Volume:** Same as Draw Volume

**Collection:** Routine blood collection

**Special Processing:** Lab Staff: Do Not Centrifuge. Specimen should remain in the original collection container. Store and ship at room temperature. Forward promptly to reference lab.

**Patient Preparation:** None

**Sample Rejection:** Clotted or frozen sample; mismarked or unlabeled specimens

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| **Updates:** | 4/7/2008: Specimen requirements changed to include both Sodium Heparin and EDTA/ACD blood.  
5/2/2008: CPT change from 88385x2 to 88271x2  
7/22/2010: CPT update  
2/15/2011: CPT update  
2/4/2013: CPT update  
8/19/2015: CPT update  
4/11/2018: CPT update |