
Lab Dept: Anatomic Pathology

Test Name: **COMPARATIVE GENOMIC HYBRIDIZATION (CGH)
FOR ONCOLOGY**

General Information

Lab Order Codes: CGONC

Synonyms: Oncology Chromosomal Microarray (Copy Number/SNP)

CPT Codes: 81229 – Cytogenetic constitutional microarray with SNP

Test Includes: Chromosomal Microarray (Copy Number/SNP)

Logistics

Test indications: Indicated at diagnosis or relapse. Not for use to monitor minimal residual disease.

Lab Testing Sections: Anatomic Pathology - Sendouts

Referred to: MHealth Fairview - University of Minnesota Medical Center – Cytogenetics
FV Test Code: **LAB6602**

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 7-21 days.

Special Instructions: See Container and Draw Volume

Specimen

Specimen Type: Whole Blood or Bone Marrow

Container: BLOOD: 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:	BLOOD: 6-10 mL (3-5 mL per tube) [Minimum: 2 mL (1 mL per tube)] blood. Note: 1-3 mL per tube Minimum for infants and children, with 3 mL strongly preferred. BONE MARROW ASPIRATE: 5 mL (3 mL minimum) aspirate in a heparin syringe.
Processed Volume:	Same as Draw Volume
Collection:	Routine venipuncture or bone marrow biopsy. Heelstick or fingerstick is not acceptable.
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. 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.
Patient Preparation:	None
Sample Rejection:	Clotted or frozen sample; mislabeled or unlabeled specimens; incorrect anticoagulant

Interpretive

Reference Range:	Interpretive report
Critical Values:	N/A
Limitations:	Not for use to monitor minimal residual disease.
Methodology:	Chromosomal microarray (CMA)
References:	MHealth Fairview Reference Laboratories , September 2023
Updates:	09/05/2023: Initial lab test directory entry