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**Lab Dept:** Anatomic Pathology

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

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***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

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***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.

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***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](#) March 2018