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**Lab Dept:** Anatomic Pathology

**Test Name:** CHROMOSOMES, BLOOD, HIGH RESOLUTION  
(FAIRVIEW UNIVERSITY)

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***General Information***

**Lab Order Codes:** CHAB

**Synonyms:** Chromosome Analysis, Blood, High Resolution

**CPT Codes:** 88230 – Tissue culture for non-neoplastic disorders; lymphocyte  
88264 - Chromosome analysis; analyze 20-25 cells  
88289 - Chromosome analysis; additional high resolution study (if appropriate)

**Test Includes:** FISH locus probe

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***Logistics***

**Test Indications:** N/A

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

**Referred to:** Fairview-University Diagnostic Laboratory – Cytogenetics (Test: BLHR/BLHRCG)

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

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 7 - 28 days, testing performed daily

**Special Instructions:** Request form must include date and time of specimen collection, attending physician, diagnosis (or reason for referral), clinical status, information regarding medication or transfusions, and specimen type.

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***Specimen***

**Specimen Type:** Whole blood

**Container:** Green top (Na heparin) tube

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

<b>Processed Volume:</b>	Same as Draw Volume. Submit unprocessed whole blood in original Vacutainers®. Specimen will be processed at reference lab facility.
<b>Collection:</b>	Routine venipuncture
<b>Special Processing:</b>	Store and ship at room temperature. <b>Do Not</b> refrigerate or freeze. Contact Laboratory before shipping. Must arrive within 24 hours.
<b>Patient Preparation:</b>	None
<b>Sample Rejection:</b>	Frozen or refrigerated specimen; mislabeled or unlabeled specimens

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### ***Interpretive***

<b>Reference Range:</b>	Interpretive report
<b>Critical Values:</b>	N/A
<b>Limitations:</b>	N/A
<b>Methodology:</b>	Determined by Laboratory Director based on clinical information.
<b>References:</b>	<a href="#">Fairview-University Diagnostic Laboratory Web Page</a> January 2012