
Lab Dept: Anatomic Pathology

Test Name: CHROMOSOMES, MALIGNANT TISSUE (FAIRVIEW UNIVERSITY)

General Information

Lab Order Codes: Only orderable from lab: CHTIS

Synonyms: Cytogenetic studies on malignant tissue, culture & analysis

CPT Codes: 88264 – Chromosome analysis, analyze 20-25 cells
88280 – Chromosome analysis; additional karyotypes, each study
88239 – Tissue culture for neoplastic disorders; solid tumor

Test Includes: Chromosome analysis

Logistics

Test Indications: Useful for determining chromosome abnormality.

Lab Testing Sections: Anatomic Pathology – Sendouts

Referred to: MHealth Fairview - University of Minnesota Medical Center – Cytogenetics
FV Test Code: **LAB4713**

Phone Numbers: MIN Lab: 612-813-6280
STP Lab: 651-220-6560

Test Availability: Daily, 24 hours

Turnaround Time: 7 - 21 days

Special Instructions: Request form should include date and time of specimen collection, attending physician, diagnosis (or reason for referral), clinical status, information regarding medication or transfusions, and specimen type. [See Collection.](#)

Specimen

Specimen Type: Neoplastic tissue

Container: Sterile screw-capped container

Draw Volume: 1 cubic cm (Minimum: 5 cubic mm) tissue

Collection: Aseptically collect tissue as soon as possible after surgery. Place tissue in a screw-capped, sterile container with sterile saline or RPMI media. Store at room temperature, **Do Not** refrigerate or freeze. Must arrive within 24 hours of collection.

Special Processing: Lab staff: Specimen must arrive at reference laboratory within 24 hours of collection. Store and ship at ambient temperatures. Contact reference laboratory before shipping.

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 cutoffs will be processed the following day.

Patient Preparation: N/A

Sample Rejection: Frozen or refrigerated specimen; specimen received more than 24 hours from collection; mislabeled or unlabeled specimens

Interpretive

Reference Range: 46, XX or 46, XY

No apparent chromosome abnormality. Photograph of the representative karyotype included.

Critical Values: N/A

Limitations: N/A

Methodology: Chromosome analysis by G-banding.

References: [MHealth Fairview Reference Laboratories](#) September 2023

Updates: 12/7/2015: Order code update CHTI to CHTIS
09/05/2023: Updated reference lab link, updated reference lab test code, added specimen receiving information; updated methodology.