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-banding.

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; mislabeled or unlabeled specimens

Interpretive

Reference Range:	Interpretive report
Critical Values:	N/A
Limitations:	Post-natal studies only.
Methodology:	FISH - Fluorescence in-situ hybridization
References:	Fairview Diagnostic Laboratories – Cytogenetics Lab January 2018
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 5/20/2008: Addition of Minimum draw info for infants and children. 9/29/2008: CPT and price update from Fairview. 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