
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:
 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