
Lab Dept: **Anatomic Pathology**

Test Name: **CONSTITUTIONAL CHROMOSOMAL
MICROARRAY (COPY NUMBER)**

General Information

Lab Order Codes: **CGH:** Full assay (full charge)

Synonyms: N/A

CPT Codes: 88230 – Tissue culture for non-neoplastic disorders; lymphocyte
81228 – Cytogenomic constitutional microarray analysis

Test Includes: Interpretive report

Logistics

Lab Testing Sections: Anatomic Pathology - Sendouts

Referred to: MHealth Fairview University of Minnesota Medical Center Cyto genetics
(UM Test: **LAB4737**)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: Results are reported within 28 days.

Special Instructions: Please see Container and Draw Volume

Specimen

Specimen Type: Whole Blood or Cord 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:	6-10 mL total (3-5 mL per tube) (Minimum: 2 mL [1 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 venipuncture. Heelstick or fingerstick is not acceptable.
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. For optimal testing results, particularly if FISH follow-up testing may be recommended, the specimen must arrive within 24 hours of collection. 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 cut-offs will be processed the following day.
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:	Chromosomal microarray (CMA) congenital.
References:	MHealth Fairview Reference Laboratories January 2024

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

9/5/2023: Updated reference lab test codes, added specimen stability notes, corrected methodology, clarified test names and synonyms, updated blood optimal and minimal volumes, added blood collection by venipuncture is required.

1/12/2024: Removed CGHL and CGHV from this listing and gave those distinct tests their own Lab Test Directory entries.