

Chromosome Analysis - Hematologic Malignancy

Order Name: **CHROMOS HM**

Test Number: 9113150

Revision Date: 12/01/2022

TEST NAME	METHODOLOGY	LOINC CODE
Chromosome Analysis - Hematologic Malignancy	Karyotype	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	5 mL (1 mL)	Bone Marrow	Sodium Heparin (Green Top, No-Gel)	Room Temperature
Alternate 1	5 mL (3 mL)	Whole Blood	Sodium Heparin (Green Top, No-Gel)	Room Temperature
Instructions	Send specimen ASAP, Keep at room temperature! (DO NOT FREEZE). Frozen samples will be rejected.			

GENERAL INFORMATION

Testing Schedule	Mon-Fri
Expected TAT	8-12 Days
Clinical Use	This is a bone marrow or peripheral blood chromosome analysis to aid in the identification leukemia.
Notes	For more information on this test, access our "Specialized Tests" section.
CPT Code(s)	88237 88291 88264
Lab Section	Reference Lab