

**TEST CHANGE**

**Chromosome Analysis, Leukemic Blood**

2002290, CHR LKB

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Green (sodium heparin).

**Specimen Preparation:** Transport 5 mL whole blood. (Min: 0.5 mL)

**Transport Temperature:** Room temperature.

**Unacceptable Conditions:** Frozen specimens. Clotted specimens.

**Remarks:**

**Stability:** Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable

**Methodology:** Giemsa Band

**Performed:** Sun-Sat

**Reported:** 3-10 days

**Note:** These studies involve culturing of living cells; therefore, turnaround times given represent average times, which are subject to multiple variables. A processing fee will be charged if this procedure is canceled at the client's request after the test has been set up or if the specimen integrity is inadequate to allow culture growth. This test must be ordered using Oncology test request form (#43099) or through your ARUP interface.

[Specimens enrolled in external studies \(e.g. COG studies\) requiring additional work-up and/or supplementary data collection and submission will have the following charges added based on type and extent of work performed: Cytogenetics Study Submission - Basic \(3006071\) or Cytogenetics Study Submission - Extensive \(3006072\).](#)

**CPT Codes:** 88237; 88264

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

Refer to report

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

By report

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**HOTLINE NOTE: There is a reflexive pattern change associated with this test. One or more orderable or component has been added or removed to the reflexive pattern. Refer to the Hotline Test Mix for interface build information.**