

**Reporting Title:** Chromosomes, Solid Tumor

**Performing Location:** Rochester

**Specimen Requirements:**

Provide a reason for referral with each specimen. The laboratory will not reject testing if this information is not provided, but appropriate testing and interpretation may be compromised or delayed. Include pathology reports, if available.

Container/Tube: Sterile container with sterile Hank's balanced salt solution (Supply T132), Ringer's solution, or normal saline

Specimen Volume: 0.5-3 cm(3) or larger

Additional Information: Advise Express Mail or equivalent if not on courier service.

Specimen Type	Temperature	Time
Tissue	Refrigerated (preferred)	
	Ambient	

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
CHRST	CG773	Reason for Referral	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
52350	Result Summary	Alphanumeric		In Process
52352	Interpretation	Alphanumeric		In Process
52351	Result	Alphanumeric		In Process
CG773	Reason for Referral	Alphanumeric		42349-1
52353	Specimen	Alphanumeric		N/A
52354	Source	Alphanumeric		31208-2
52356	Method	Alphanumeric		49549-9
52355	Banding Method	Alphanumeric		62359-5
54628	Additional Information	Alphanumeric		8251-1
52357	Released By	Alphanumeric		N/A

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:****CPT Code:** 1 x 88291**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
_CX05	Culture 05	1	88239	No	No (Bill Only)
_ML20	Metaphases, 1-19	1	88264	No	No (Bill Only)
_M25	Metaphases, 20-25	1	88264	No	No (Bill Only)
_MG25	Metaphases, >25		Profile	No	No (Bill Only)
_STAC	Ag-Nor/CBL Stain	1	88283	No	No (Bill Only)

**Reference Values:**

An interpretive report will be provided.