

May 2001

**THE ROCKEFELLER UNIVERSITY HOSPITAL
SECTION OF CYTOGENETICS
DR. ARLEEN D. AUERBACH**
Laboratory of Human Genetics and Hematology

**COLLECTION AND SHIPMENT OF BLOOD SAMPLES FOR CHROMOSOME
BREAKAGE ANALYSIS (DEB TEST)**

COLLECTION:

Peripheral blood should be drawn into 10cc. sodium heparin (GREEN TOP TUBES). FOR ADULTS AND PEDIATRIC PATIENTS OVER THE AGE OF 5 WE REQUIRE APPROXIMATELY 10cc. FOR NEWBORNS WE WOULD LIKE AT LEAST 3cc. FOR ALL OTHER PEDIATRIC PATIENTS WE NEED AT LEAST 5cc.

PACKING:

It is extremely important to carefully pack the tube(s), providing ample protection against breakage. We cannot stress this point too much; inadequately packed sample tubes cause the greatest number of specimen losses that we encounter. Use a cylindrical can or Styrofoam box made for shipping blood tubes. This can then be shipped in a Federal Express Pak. If in doubt-overpack.

TEMPERATURE:

Specimens should be sent at ROOM TEMPERATURE.
DO NOT SHIP ON ICE, OR DRY ICE. DO NOT FREEZE

SHIPPING:

SEND VIA FEDERAL EXPRESS FOR OVERNIGHT DELIVERY
Notify the laboratory by calling (212) 327-8862, prior to shipping

REQUISITION:

The physician is asked to provide patient information and send along the requisition form ordering a DEB test to rule out Fanconi anemia

TIME:

The laboratory requests that samples be drawn on MONDAY or WEDNESDAY (for receipt on Tuesday or Thursday). Samples that may need to be sent on other days need to be approved by the laboratory by calling **(212) 327-8862**. Specimens should not be sent on Friday for Saturday delivery.

TURNAROUND TIME:

A preliminary report is available approximately 1 week after a specimen is received. Postive results are reported by phone to the consulting physician in approximately a week. A written report is available in 3-4 weeks.

CHARGE:

The charge for the DEB test is \$650.00. The invoice will be sent along with the report to the physician. If a problem with payment is forseen (ie. Medicaid) please call the laboratory to obtain authorization. If the invoice is to be sent to someone other than the referring physician kindly indicate so on the requisition. CPT 4 codes: 88230, 88248, 88249, 88291.