## St. John Health System Lab Catalog

Cerebral Spinal Fluid (CSF) Count

Order Name: CSF COUNT
Test Number: 0800075
Revision Date: 02/01/2024

TEST NAME			METHODOLOGY	LOINC CODE		
Appearance of CS	F		Visual	10333-3		
SPECIMEN REQU	IREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment		
Preferred	3 mL (1)					
Instructions	Deliver to lab as soon as possible. Tube 3 will be used for cell count unless there are less than 3 tubes or a different tube is specified. Stability - 24hrs Refrigerated.					
	Rejection Criteria: Specimen	Rejection Criteria: Specimens received in improper containers, specimens that are received frozen, clotted, or have exceeded stability				

GENERAL INFORMATION	
Testing Schedule	Daily
Expected TAT	1 Day
Clinical Use	Used to aid in the diagnosis of infectious disease and cerebral bleeding.
Notes	Testing includes a cellular differential if indicated.
CPT Code(s)	89051
Service Provided By	Oklahoma, Inc.