


Cell Mediated Immunity Panel

Order Name: **CELL MED P**
Test Number: 2940700
Revision Date: 10/01/2022

| TEST NAME | METHODOLOGY | LOINC CODE |
|--|----------------|-----------------------|
| Flow Peripheral Blood (T and B Lymphocytes) | Flow cytometry | |
| Complete Blood Count (CBC) with Automated Differential | Flow cytometry | See Individual Assays |

| SPECIMEN REQUIREMENTS | | | | |
|-----------------------|--|------------------|--------------------------|-----------------------|
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | See below | See Instructions | See Special Instructions | Room Temperature |
| Instructions | <p>Collect Monday-Wednesday only, No weekends or Holidays - Before Collection Call Labcorp Oklahoma, Inc. Processing at 744-3131 x17398. Specimens must be at Labcorp Oklahoma, Inc. Main Laboratory by 3pm the same day of collection to be processed ASAP.</p> <p>Collect the Following Four Specimens: Flow Cytometry Peripheral Blood (T/B Lymphocytes) [#1] 7mL Whole Blood - Sodium Heparin (Green top) Room Temperature [#2] 5mL Whole Blood EDTA (Lavender Top) Room Temperature</p> <p>Complete Blood Count [#3] 5mL(1mL) Whole Blood EDTA (Lavender Top) Room Temperature</p> <p>Lymphocyte Stimulation by Mitogens Patient Sample [#4] 10mL(5mL) Whole Blood - Sodium Heparin (Green top) - Room Temperature</p> | | | |

| GENERAL INFORMATION | |
|---------------------|--|
| Testing Schedule | Assay Dependant |
| Expected TAT | Assay Dependant |
| CPT Code(s) | 86353X3, 85025, (T/B Lymph codes for flow may vary) |
| Service Provided By |  labcorp Oklahoma, Inc. |