

Flow Cytometry on Peripheral Blood

Order Name: FLOW PB
Test Number: 5582600
Revision Date: 07/06/2022

TEST NAME			METHODOLOGY	LOINC CODE
Flow Cytometry on Peripheral Blood		Flow cytometry		
SPECIMEN REQU	IREMENTS			
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	5mL (3mL)	Whole Blood	EDTA (Lavender Top)	Room Temperature
Alternate 1	5mL (3mL)	Whole Blood	Lithium Heparin (Dark Green Top / No-Gel)	Room Temperature
Instructions	Deliver to laboratory (flow cytometry) ASAP.			
	DO NOT Centrifuge or Refrigerate. Collect Monday through Friday only!			
	Specimen must be received in the lab section by Friday afternoon or collect sample on Monday.			
	Specimen stability: 48hrs Room Temperature.			

GENERAL INFORMATION		
Testing Schedule	Tue-Sat	
Expected TAT	2 Days	
Clinical Use	Assist in the diagnosis of a lymphoproliferative disease.	
CPT Code(s)	Test Dependant	
Service Provided By	labcorp Oklahoma, Inc.	