


## B-Cell CD19/CD20 Expression

Order Name: **CD19/CD20**  
Test Number: 0114175  
Revision Date: 02/28/2024

TEST NAME	METHODOLOGY	LOINC CODE
B-Cell CD19/CD20 Expression	Flow cytometry	

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (mL)	Specimen Type	Specimen Container	Transport Environment
Preferred	5 mL (0.5 mL)	Whole Blood	EDTA (Lavender Top)	Room Temperature
Alternate 1	5 mL (0.5 mL)	Whole Blood	ACD Solution A or B (Yellow Top)	Room Temperature
Instructions	Collect Whole Blood in <b>EDTA (lavendar top)</b> or <b>ACD Solution A or B (yellow top)</b> <b>Deliver to the laboratory ASAP - Same Day as Collection!</b> DO NOT Centrifuge or Refrigerate. Keep Whole Blood. <b>Collect Monday through Wednesday only!</b> <b>Specimen must be received at Labcorp Oklahoma Inc. by Wednesday afternoon or collect sample on Monday.</b> Specimen stability: 4 days Room Temperature.			

GENERAL INFORMATION	
Expected TAT	3-5 days, testing schedule may vary
Clinical Use	<p>This test can be used in assessing therapeutic B-cell depletion in any clinical context, including Multiple Sclerosis, malignancies, autoimmune diseases, such as rheumatoid arthritis, systemic lupus erythematosus and membranous glomerulonephritis among others, and treatment or prevention of acute humoral rejection in positive crossmatch renal transplant recipients. It can be used in the evaluation of CD20 deficiency in patients with suspected CD19 deficiency (humoral immunodeficiency), and it can be used to confirm the complete absence of B cells in suspected primary humoral immunodeficiencies using both CD19 and CD20 markers.</p> <p>Monoclonal antibody-based therapies block available CD20-binding sites and, therefore, the antibody used for this flow cytometric assay cannot recognize the CD20 molecule on B cells. The concomitant use of the CD19 marker provides information on the extent of B-cell depletion when using this particular treatment strategy. This Flow Cytometry panel is also useful for confirming the complete absence of B cells in suspected primary humoral immunodeficiencies.</p>
Notes	This is Performed at Labcorp America
CPT Code(s)	86355, 86356
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.