

**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	<b>Collect Monday-Wednesday only, No weekends or Holidays</b> - 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.							
<b>Collect the Following Four Specimens:</b> 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								
<b>Complete Blood Count</b> [#3] 5mL(1mL) Whole Blood EDTA (Lavender Top) Room Temperature								
<b>Lymphocyte Stimulation by Mitogens</b> Patient Sample [#4] 10mL(5mL) Whole Blood - Sodium Heparin (Green top) - Room Temperature								

**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	 <b>labcorp</b> Oklahoma, Inc.