

Reporting Title: Lymphocyte Proliferation, Mitogens
Performing Location: Rochester

Ordering Guidance:

Shipping Instructions:

Specimens must be received in the laboratory weekdays and by 4 p.m. on Friday. Collect and package specimen as close to shipping time as possible. Ship specimen overnight in an Ambient Shipping Box-Critical Specimens Only (T668) following the instructions in the box.

It is recommended that specimens arrive within 24 hours of collection.

Specimens arriving on the weekend may be canceled.

Necessary Information:

- 1. Date and time of collection are required.
- 2. Ordering physician name and phone number are required.

Specimen Requirements:

Supplies: Ambient Shipping Box-Critical Specimens Only (T668)

Container/Tube: Green top (sodium heparin)

Specimen Volume: 20 mL

See tables for information on recommended volume based on absolute lymphocyte count

Pediatric Volume:

- <3 months: 1 mL
- 3-24 months: 3 mL
- 25 months-18 years: 5 mL

Collection Instructions: Send whole blood specimen in original tube. **Do not aliquot.**

Additional Information: For serial monitoring, it is recommended that specimen collection be performed at the same time of day.

Table. Blood Volume Recommendations Based on Absolute Lymphocyte Count (ALC)

Mitogen only			
ALC x 10(9)/L	Blood volume for minimum phytohemagglutinin (PHA) only	Blood volume for minimum PHA and pokeweed mitogen (PWM)	Blood volume for full assay
<0.5	>6.5 mL	>8.5 mL	>22 mL
0.5-1.0	6.5 mL	8.5 mL	22 mL
1.1-1.5	3.0 mL	4.0 mL	10 mL
1.6-2.0	2.0 mL	2.5 mL	7 mL
2.1-3.0	1.5 mL	2.0 mL	6 mL
3.1-4.0	1.0 mL	1.5 mL	4 mL
4.1-5.0	0.8 mL	1.0 mL	3 mL
>5.0	0.5 mL	0.8 mL	2 mL

Mitogen and antigen		
ALC x 10(9)/L	Blood volume for minimum of each assay	Blood volume for full assay
<0.5	>28 mL	>60 mL
0.5-1.0	28 mL	60 mL
1.1-1.5	12 mL	30 mL
1.6-2.0	8.5 mL	20 mL
2.1-3.0	6.5 mL	15 mL
3.1-4.0	4.5 mL	10 mL
4.1-5.0	3.5 mL	8 mL
>5.0	2.5 mL	6 mL

Specimen Type	Temperature	Time	Special Container
WB Sodium Heparin	Ambient	48 hours	GREEN TOP/HEP

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
32318	Viab of Lymphs at Day 0	Unknown	%	33193-4
32320	Max Prolif of PHA as % CD3	Alphanumeric	%	57741-1
32319	Max Prolif of PHA as % CD45	Alphanumeric	%	69038-8
32323	Max Prolif of PWM as % CD19	Alphanumeric	%	69037-0
32322	Max Prolif of PWM as % CD3	Alphanumeric	%	69020-6
32321	Max Prolif of PWM as % CD45	Alphanumeric	%	69019-8
32317	Interpretation	Alphanumeric		69052-9
32324	Mitogen Comment	Alphanumeric		48767-8

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86353
86353 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
MGSTM	Additional Flow Stimulant, LPMGF	1	86353	No	No, (Bill Only)

Reference Values:

- Viability of lymphocytes at day 0: > or =75.0%
- Maximum proliferation of phytohemagglutinin as % CD45: > or =49.9%
- Maximum proliferation of phytohemagglutinin as % CD3: > or =58.5%
- Maximum proliferation of pokeweed mitogen as % CD45: > or =4.5%
- Maximum proliferation of pokeweed mitogen as % CD3: > or =3.5%
- Maximum proliferation of pokeweed mitogen as % CD19: > or =3.9%