

Reporting Title: Lymphocyte Proliferation, Antigens
Performing Location: Rochester

Ordering Guidance:
This test **should not be ordered** for patients younger than 3 months of age unless there is a clinical history of candidiasis. For more information see Cautions.

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.

Samples arriving on the weekend and observed holidays may be canceled.

- Necessary Information:**
- 1. Date and time of collection
 - 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)

Antigen only		
ALC x 10(9)/L	Blood volume for minimum <i>Candida albicans</i> (CA) and tetanus toxoid (TT) Only	Blood volume for full assay
<0.5	>18.5 mL	>40 mL
0.5-1.0	18.5 mL	40 mL
1.1-1.5	8.5 mL	20 mL
1.6-2.0	6.0 mL	12 mL
2.1-3.0	4.5 mL	10 mL
3.1-4.0	3.0 mL	6 mL
4.1-5.0	2.5 mL	5 mL

>5.0	2.0 mL	4 mL
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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®
32328	Max Prolif of CA as % CD3	Alphanumeric	%	69015-6
32327	Max Prolif of CA as % CD45	Alphanumeric	%	69014-9
32330	Max Prolif of TT as % CD3	Alphanumeric	%	69029-7
32329	Max Prolif of TT as % CD45	Alphanumeric	%	69016-4
32325	Interpretation	Alphanumeric		69052-9
32331	Antigen Comment	Alphanumeric		48767-8
32326	Viab of Lymphs at Day 0	Unknown	%	33193-4

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
AGSTM	Additional Flow Stimulant, LPAGF	1	86353	No	No, (Bill Only)

Reference Values:

- Viability of lymphocytes at day 0: > or =75.0%
- Maximum proliferation of *Candida albicans* as % CD45: > or =5.7%
- Maximum proliferation of *Candida albicans* as % CD3: > or =3.0%
- Maximum proliferation of tetanus toxoid as % CD45: > or =5.2%
- Maximum proliferation of tetanus toxoid as % CD3: > or =3.3%