

# Test Definition: CLLMD

Chronic Lymphocytic Leukemia (CLL)  
Monitoring Minimal Residual Disease  
Detection, Flow Cytometry, Varies

**Reporting Title:** CLL Monitoring MRD Detection, V  
**Performing Location:** Rochester

**Ordering Guidance:**

The preferred test for evaluating any tissue biopsy for a potential lymphoproliferative disorder is LLPT / Leukemia/Lymphoma Immunophenotyping, Flow Cytometry, Tissue.

The preferred test for a first-time evaluation of a patient with lymphocytosis is a routine flow cytometric assay; see LCMS / Leukemia/Lymphoma Immunophenotyping, Flow Cytometry, Varies.

**Additional Testing Requirements:**

If cytogenetic tests are desired along with this test request, an additional specimen should be submitted. It is important that the specimen be obtained, processed, and transported according to instructions for the other required test.

**Specimen Requirements:**

Submit only 1 of the following specimens:

**Specimen Type:** Whole blood

**Container/Tube:**

**Preferred:** Yellow top (ACD solution A or B)

**Acceptable:** Lavender top (EDTA)

**Specimen Volume:** 6 mL

**Slides:** If possible, include 5- to 10-unstained blood smears, **must be labeled with two unique identifiers.**

**Collection Instructions:**

- 1. Send whole blood specimen in original tube. **Do not aliquot.**
- 2. Label specimen as blood.

**Specimen Type:** Bone marrow

**Container/Tube:**

**Preferred:** Yellow top (ACD solution A or B)

**Acceptable:** Lavender top (EDTA)

**Specimen Volume:** 6 mL

**Slides:** If possible, include 5 to 10 unstained bone marrow aspirate smears, **must be labeled with two unique identifiers.**

**Collection Instructions:**

- 1. Submission of bilateral specimens is not required.
- 2. Send bone marrow specimen in original tube. **Do not aliquot.**
- 3. Label specimen as bone marrow.

**Forms:**

If not ordering electronically, complete, print, and send a [Hematopathology/Cytogenetics Test Request](#) (T726) with the specimen.

Specimen Type	Temperature	Time	Special Container
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Varies	Ambient (preferred)	4 days	
	Refrigerated	4 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
608973	CLLMD Result	Alphanumeric		No LOINC Needed
608974	Final Diagnosis	Alphanumeric		22637-3
608975	Special Studies	Alphanumeric		30954-2
608976	Microscopic Description	Alphanumeric		22635-7

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

Supplemental Report:

No

CPT Code Information:

- 88184-Flow cytometry; first cell surface, cytoplasmic or nuclear marker
- 88185 x 9-Flow cytometry; additional cell surface, cytoplasmic or nuclear marker (each)
- 88188-Flow Cytometry Interpretation, 9 to 15 markers

Reference Values:

An interpretive report will be provided.

This test will be processed as a laboratory consultation. An interpretation of the immunophenotypic findings and correlation with the morphologic features will be provided by a hematopathologist for every case.