

Reporting Title: Sezary Diagnostic Flow Cytometry, B

Performing Location: Rochester

Ordering Guidance:

This test is **not indicated** for monitoring patients with a diagnosis of Sezary syndrome. For monitoring purposes, order SZMON / Sezary Monitoring Flow Cytometry, Blood.

Specimen Requirements:

Container/Tube:

Preferred: Yellow top (ACD solution A or B)

Acceptable: Lavender top (EDTA), green top (sodium heparin)

Specimen Volume: 6 mL

Collection Instructions:

1. Send whole blood specimen in original tube. **Do not aliquot.**

2. Label specimen as blood.

Forms:

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

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)	72 hours	
	Refrigerated	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
CK126	Sezary Diagnostic	Alphanumeric		No LOINC Needed
CK127	Final Diagnosis	Alphanumeric		50398-7
CK128	Special Studies	Alphanumeric		30954-2
CK129	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 x 1

88185-Flow cytometry; additional cell surface, cytoplasmic or nuclear marker (each)

88188-Flow Cytometry Interpretation, 9 to15 markers (if appropriate)

88189-Flow Cytometry Interpretation, 16 or more markers (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
FCIMS	Flow Cytometry Interp, 9-15 Markers	1	88188	No	No
FCINS	Flow Cytometry Interp,16 or greater	1	88189	No	No

Reference Values:

An interpretive report will be provided. This test will be processed as a laboratory consultation. An interpretation of the immunophenotypic findings and, if available, morphologic features will be provided by a board-certified hematopathologist for every case.