
Reporting Title: Leukemia Lymphoma Phenotype, Tissue**Performing Location:** Rochester**Ordering Guidance:**

This test is not intended for product of conception (POC) specimens. For POC specimens see CMAPC / Chromosomal Microarray, Autopsy, Products of Conception, or Stillbirth.

Shipping Instructions:

Specimen must arrive within 4 days of collection.

Necessary Information:

The following information is required:

1. Pertinent clinical history, including reason for testing or clinical indication/morphologic suspicion
2. Provide the following:
 - Tissue type
 - Location
 - Pathology/diagnostic report, including the client surgical pathology case number

Specimen Requirements:

Supplies: Hank's Solution (T132)

Container/Tube: Sterile container with 15 mL of tissue culture medium (eg, Hank's balanced salt solution, RPMI, or equivalent)

Specimen Volume: 5 mm(3) or larger biopsy

Collection Instructions:

1. Send intact specimen (do not mince)
2. Specimen cannot be fixed.

Specimen Minimum Volume:

1 mm(3)

Forms:

1. Hematopathology Patient Information (T676)
2. 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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Tissue	Refrigerated (preferred)	
	Ambient	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
CK139	LLPT Result	Alphanumeric		No LOINC Needed
19573	Final Diagnosis:	Alphanumeric		34574-4
19575	Special Studies	Alphanumeric		30954-2
19571	Microscopic Description	Alphanumeric		22635-7
19562	Accession Number	Alphanumeric		57723-9
19563	Referring Pathologist/Physician	Alphanumeric		46608-6
19564	Ref Path/Phys Address	Alphanumeric		74221-3
19565	Place of Death:	Alphanumeric		21987-3
19566	Date and Time of Death:	Alphanumeric		81956-5
19567	Date of Autopsy:	Alphanumeric		75711-2
19568	Specimen:	Alphanumeric		31208-2
19569	Material:	Alphanumeric		81178-6
19570	Tissue Discription:	Alphanumeric		22634-0
19572	Clinical History:	Alphanumeric		22636-5
19574	Final Diagnosis:	Alphanumeric		34574-4
19576	Revision Description:	Alphanumeric		81317-0
19577	Signing Pathologist:	Alphanumeric		19139-5
19578	Special Procedures:	Alphanumeric		30954-2
19579	SP Signing Pathologist:	Alphanumeric		19139-5
19580	*Previous Report Follows*	Alphanumeric		22639-9
19581	Addendum:	Alphanumeric		35265-8
19582	Addendum Comment:	Alphanumeric		22638-1
19583	Addendum Pathologist:	Alphanumeric		19139-5

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)
88187-Flow Cytometry Interpretation, 2 to 8 Markers (if appropriate)
88188-Flow Cytometry Interpretation, 9 to 15 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	Orderable Separately
FCINT	Flow Cytometry Interp, 2-8 Markers			No	No (Bill Only)
FCIMS	Flow Cytometry Interp, 9-15 Markers			No	No (Bill Only)
FCINS	Flow Cytometry Interp, 16 or greater			No	No (Bill Only)
FIRST	Flow Cytometry, Cell Surface, First			Yes	No (Bill Only)
ADD1	Flow Cytometry, Cell Surface, Addl			Yes	No (Bill Only)

Reference Values:

An interpretive report will be provided.