MAYO CLINIC LABORATORIES

Test Definition: SZMON

Sezary Monitoring Flow Cytometry, Blood

Reporting Title: Sezary Monitoring Flow Cytometry, B
Performing Location: Rochester

Ordering Guidance:

This test is for monitoring response to therapy in patients who have been diagnosed with Sezary syndrome or mycosis fungoides. For patients with a clinical suspicion, but no diagnosis, of Sezary syndrome, order SZDIA / Sezary Diagnostic 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.

Specimen Minimum Volume:

1 mL

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®
CK130	Sezary Monitoring	Alphanumeric		No LOINC Needed
CK131	Final Diagnosis	Alphanumeric		50398-7
CK132	Special Studies	Alphanumeric		30954-2

Result ID	Reporting Name	Type	Unit	LOINC®
CK133	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	Orderable Separately
FIRST	Flow Cytometry, Cell Surface, First			Yes	No
ADD1	Flow Cytometry, Cell Surface, Addl			Yes	No
FCIMS	Flow Cytometry Interp, 9-15 Markers			No	No
FCINS	Flow Cytometry Interp,16 or greater			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.