

Test Definition: SZDIA

Sezary Diagnostic Flow Cytometry, Blood

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.

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	Туре	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.



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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
FCIMS	Flow Cytometry Interp, 9-15 Markers			No	No
FCINS	Flow Cytometry Interp,16 or greater			No	No
FIRST	Flow Cytometry, Cell Surface, First			Yes	No
ADD1	Flow Cytometry, Cell Surface, Addl			Yes	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.