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**Reporting Title:** CD52 Cell Expression Evaluation, V**Performing Location:** Rochester**Ordering Guidance:**

This test should not be used as a shortened diagnostic panel. For a complete diagnostic B-cell, T-cell, or acute immunophenotyping panel, order LCMS / Leukemia/Lymphoma Immunophenotyping, Flow Cytometry, Varies.

This test evaluates CD52 expression only. For CD20 expression, order CEE20 / CD20 Cell Expression Evaluation, Varies. For CD49d expression, order CEE49 / CD49d Cell Expression Evaluation, Varies.

**Shipping Instructions:**

Specimen must arrive within 4 days of collection.

**Necessary Information:**

The following information is required:

1. The therapeutic monoclonal antibody being used or considered
2. The pertinent hematologic diseases that have been diagnosed or considered
3. Diagnostic immunophenotype of the neoplastic cells (when available, a pathology and/or flow cytometry report should be included).
4. Specimen source
5. Date and time of collection

**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) or Green top (sodium heparin)

Specimen Volume: 10 mL

Collection Instructions:

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

Specimen Stability Information: Ambient/Refrigerated < or =4 days

Specimen Type: Bone marrow

Container/Tube:

Preferred: Yellow top (ACD solution A or B)

Acceptable: Lavender top (EDTA) or Green top (sodium heparin) Specimen Volume: 1-5 mL

Collection Instructions:

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

Specimen Stability Information: Ambient/Refrigerated < or =4 days

**Specimen Minimum Volume:**

Blood: 3 mL

Bone Marrow Aspirate: 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
Varies	Varies	4 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
CK166	CEE52 Result	Alphanumeric		No LOINC Needed
CK167	Final Diagnosis	Alphanumeric		22637-3

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 3-Flow cytometry; additional cell surface, cytoplasmic or nuclear marker

88187-Flow Cytometry Interpretation, 2 to 8 Markers

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**Reference Values:**

Normal individuals have B lymphocytes, T lymphocytes, or myeloid cells that express the corresponding cell-surface antigens in question.