# **Test Definition: LLPB**

BORATORIES Leukemia/Lymphoma Immunophenotyping, Flow Cytometry, Blood

Reporting Title: Leukemia/Lymphoma Immunopheno, B

Performing Location: Jacksonville

## Ordering Guidance:

This test is appropriate for hematopoietic peripheral blood specimens only.

For bone marrow specimens, order LLBM / Leukemia/Lymphoma Immunophenotyping by Flow Cytometry, Bone Marrow.

For solid tissue specimens, order LLTS / Leukemia/Lymphoma Immunophenotyping, Flow Cytometry, Tissue.

For body fluid and cerebrospinal fluid specimens, order LLBF / Leukemia/Lymphoma Immunophenotyping, Flow Cytometry, Body Fluid

## **Shipping Instructions:**

Specimen must arrive within 96 hours of collection.

## **Specimen Requirements:**

Specimen Type: Whole blood

Container/Tube:

Preferred: Yellow top (ACD solution A or B)

Acceptable: Lavender top (EDTA)

Specimen Volume: 6 mL

Slides: If possible, include 5 to 10 unstained blood smears labeled with two unique identifiers

Collection Instructions:

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

# **Specimen Minimum Volume:**

3 mL

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient	4 days	

## **Result Codes:**

Result ID		Reporting Name	Туре	Unit	LOINC®
	JF001	Interpretation	Alphanumeric		69052-9

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 (BIII 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.

This test will be processed as a laboratory consultation. An interpretation of the immunophenotypic findings and correlation with the morphologic features will be provided by a hematopathologist for every case.