
Reporting Title: X-Linked Hyper IgM Syndrome, B
Performing Location: Rochester**Shipping Instructions:**

Specimens are required to be received in the laboratory weekdays and by 4 p.m. on Friday. Collect and package specimen as close to shipping time as possible.

It is recommended that specimens arrive within 24 hours of collection.

Specimens arriving on the weekend and observed holidays may be canceled.

Specimens received more than 72 hours after collection will be rejected and the assay will not be performed.

Necessary Information:

Ordering physician's name and phone number are required.

Specimen Requirements:

Container/Tube: Green top (sodium heparin)

Specimen Volume: 4 mL

Collection Instructions: Send specimen in original tube. Do not aliquot.

Additional Information: For serial monitoring, it is recommended that specimen collection be performed at the same time of day.

Specimen Minimum Volume:

1.2 mL

Specimen Type	Temperature	Time	Special Container
WB Sodium Heparin	Ambient	72 hours	GREEN TOP/HEP

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
82964	CD40 Ligand Expression	Alphanumeric		98240-5
29040	CD40mulg (Function)	Alphanumeric		98241-3
23901	Interpretation	Alphanumeric		69052-9

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88184-Flow cytometry, cell surface, cytoplasmic
88185 x 6-Each additional marker

Reference Values:

Present