

Reporting Title: Plasma Cell Assessment, B**Performing Location:** Rochester**Shipping Instructions:**

Specimen must arrive within 3 days of collection.

Necessary Information:

Date and time of collection are required.

Specimen Requirements:

Container/Tube:

Preferred: Green top (sodium heparin)

Acceptable: Lavender top (EDTA)

Specimen Volume: 10 mL

Collection Instructions:

1. Do not centrifuge.
2. Send whole blood specimen in original tube. Do not aliquot.

Specimen Minimum Volume:

4 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®
30388	Blood Plasma Cell Light Chain	Alphanumeric		86900-8
26838	# Monotypic PCs per 150,000 events	Unknown	events	19099-1

Result ID	Reporting Name	Type	Unit	LOINC®
26839	PC Event 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 5-Each additional marker

88187-Flow cytometry, interpretation; 2 to 8 markers

Reference Values:

An interpretive report will be provided.