

## Cell Mediated Immunity Panel

Order Name: **CELL MED P**  
Test Number: 2940700  
Revision Date: 10/01/2022

TEST NAME	METHODOLOGY	LOINC CODE
Flow Peripheral Blood (T and B Lymphocytes)	Flow cytometry	
Complete Blood Count (CBC) with Automated Differential	Flow cytometry	See Individual Assays

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	See below	See Instructions	See Special Instructions	Room Temperature
Instructions	<p><b>Collect Monday-Wednesday only, No weekends or Holidays</b> - Before Collection Call Labcorp Oklahoma, Inc. Processing at 744-3131 x17398. Specimens must be at Labcorp Oklahoma, Inc. Main Laboratory by 3pm the same day of collection to be processed ASAP.</p> <p><b>Collect the Following Four Specimens:</b></p> <p><b>Flow Cytometry Peripheral Blood (T/B Lymphocytes)</b></p> <p><b> [#1] 7mL Whole Blood - Sodium Heparin (Green top) Room Temperature</b></p> <p><b> [#2] 5mL Whole Blood EDTA (Lavender Top) Room Temperature</b></p> <p><b>Complete Blood Count</b></p> <p><b> [#3] 5mL(1mL) Whole Blood EDTA (Lavender Top) Room Temperature</b></p> <p><b>Lymphocyte Stimulation by Mitogens</b></p> <p>Patient Sample</p> <p><b> [#4] 10mL(5mL) Whole Blood - Sodium Heparin (Green top) - Room Temperature</b></p>			

GENERAL INFORMATION	
Testing Schedule	Assay Dependant
Expected TAT	Assay Dependant
CPT Code(s)	86353X3, 85025, (T/B Lymph codes for flow may vary)
Lab Section	See Individual Assays