## Flow Cytometry on Tissue Biopsy

Order Name: FLOW TISS
Test Number: 8090065
Revision Date: 07/06/2022

TEST NAME		M	IETHODOLOGY	LOINC CODE	
Flow Cytometry on Tissue Biopsy			Flow cytometry		
SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	5x5mm	Tissue	Sterile Container with RPMI Solution	n Refrigerated	
Alternate 1	5x5mm	Tissue	Sterile Container with Saline	Refrigerated	
Instructions	Place a minimum of a 5x5mm tissue sample in a sterile screwtop container with RPMI.  Keep specimen Refrigerated. Indicate type of tissue on specimen and requisition.  Please deliver to performing laboratory department (flow cytometry) ASAP.  DO NOT Place Tissue Into a Fixative Solution.  Specimen stability: 48hrs refrigerated				

GENERAL INFORMATION		
Testing Schedule	Tue-Sat	
Expected TAT	2 Days	
CPT Code(s)	Test Dependent	
Lab Section	Flow Cytometry	

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