**New Test**

3001337  
Lymphocyte Proliferation, Anti-CD3, Anti-CD28 and IL-2  
Induced, by Flow Cytometry (24-Hr Critical Room Temp)

**LPCD3 FLOW**

**Time Sensitive**

**Methodology:** Cell Culture/Flow Cytometry  
**Performed:** Thu, Fri  
**Reported:** 9-10 days

**Specimen Required:**  
**Patient Prep:** Collect control specimen from a healthy individual unrelated to patient.  
**Patient and control specimens must be collected ONLY on Wednesdays or Thursdays** AND shipped directly to ARUP the same calendar day to meet the strict 24-hour stability requirement.  
**Collect:** Green (sodium heparin) (patient) AND green (sodium heparin) (control) only on Wednesdays or Thursdays.  
**Specimen Preparation:** Transport 10 mL whole blood (patient) AND 10 mL whole blood (control) in original collection tubes. (Min: 7 mL (patient) AND 7 mL (control)). Infant Minimum: 3 mL (patient) AND 7 mL (control).  
**Do not refrigerate or freeze.** LIVE LYMPHOCYTES REQUIRED.  
**Storage/Transport Temperature:** CRITICAL ROOM TEMPERATURE. Must be collected and shipped directly to ARUP the same calendar day.  
**Remarks:** Do not collect or ship on, or the day before, holidays.  
**Unacceptable Conditions:** Refrigerated or frozen specimens.

**Reference Interval:**

<table>
<thead>
<tr>
<th>CD45 Pos Cells</th>
<th>Anti-CD3</th>
<th>Anti-CD3/Anti-CD28</th>
<th>Anti-CD3/IL-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2% or greater</td>
<td>29.0% or greater</td>
<td>33.1% or greater</td>
<td></td>
</tr>
<tr>
<td>CD3 Pos Cells</td>
<td>13.5% or greater</td>
<td>24.3% or greater</td>
<td>36.1% or greater</td>
</tr>
</tbody>
</table>

**Interpretive Data:** This test measures T lymphocyte proliferation in response to stimulation with anti-CD3, anti-CD3/anti-CD28, and anti-CD3/Interleukin-2, determined by flow cytometry. Proliferating cells are detected by fluorescent labeling. Results are reported as percent proliferating cells of the total specific cell populations. This is a second-level test to be performed after Lymphocyte Proliferation to Mitogens (PHA, Con A, and PWM) by Flow Cytometry has been assessed.

See Compliance Statement B: [www.aruplab.com/CS](http://www.aruplab.com/CS)

**CPT Code(s):** 86353 x3

New York DOH approval pending. Call for status update.

**HOTLINE NOTE:** Refer to the Test Mix Addendum for interface build information.