HOTLINE: Effective August 19, 2019

New Test **3001780** **Leukemia/Lymphoma Phenotyping Evaluation by Flow Cytometry** **LL PANEL**

Time Sensitive

Additional Technical Information

Methodology: Flow Cytometry
Performed: Sun-Sat
Reported: 1-2 days

Specimen Required: Collect: Bone marrow. Whole blood: Green (Sodium Heparin), Lavender (K_2EDTA), or Pink (K_2EDTA). Tissue or fluid.
Specimen Preparation: **Bone Marrow:** Transport 1 mL heparinized bone marrow (Min: 0.5 mL*)
Whole Blood: Transport 5 mL whole blood. (Min: 1mL*)
Tissue: Transport 100 mg fresh tissue suspended in tissue culture media (e.g., RPMI 1640) (Min: 100 mg*)
Fluid: Transport 10-100 mL fresh fluid (Min: 3 mL*).
*Minimum volume is dependent on cellularity.
Storage/Transport Temperature: **Specimen should be received within 24 hours of collection for optimal cell viability**.
Bone Marrow or Whole Blood: Room temperature. Also acceptable: Refrigerated.
Tissue or Fluid: Refrigerated.
Remarks: A minimum of 10,000 viable cells is required for flow cytometry phenotyping of samples containing a very limited number of markers (may also be called antibodies or antigens). For low-count specimens, supplying clinical and diagnostic information is especially important to help ensure the most appropriate marker combinations are evaluated before the specimen is depleted of cells.
Bone Marrow or Whole Blood: Provide specimen source, CBC, Wright stained smear (if available), clinical history, differential diagnosis, and any relevant pathology reports.
Tissue or Fluid: Provide specimen source, clinical history, differential diagnosis, and any relevant pathology reports.
Follow up: If previous leukemia/lymphoma phenotyping was performed at another lab, the outside flow cytometry report and histograms (if possible) should accompany the specimen.
Unacceptable Conditions: Clotted or hemolyzed specimens.
Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 48 hours; Frozen: Unacceptable

Reference Interval: By Report

Interpretive Data: Refer to report.
See Compliance Statement A: www.aruplab.com/CS

Note: Flow cytometric leukemia and lymphoma analysis may aid in identifying the tumor lineage for diagnostic and prognostic purposes. After review of the clinical history and morphology, a panel of markers is selected for each case by a board-certified hematopathologist. In most cases, the lineage can be identified as T-cell, B-cell, or myeloid and a diagnosis or differential diagnosis can be made.

Available Markers*:
T-cell: CD1, CD2, CD3, CD4, CD5, CD7, CD8, TCR alpha-beta, TCR gamma-delta, Cytoplasmic CD3
B-cell: CD10, CD19, CD20, CD22, CD23, CD103, surface Kappa, surface Lambda, FMC7, Cytoplasmic Kappa, Cytoplasmic Lambda
Myelo/Mono: CD11b, CD13, CD14 (Mo2), CD14 (MY4), CD15, CD33, CD64, CD117, myeloperoxidase
Misc: CD11c, CD16, CD25, CD30, CD34, CD38, CD41, CD42b, CD45, CD56, CD57, CD61, HLA-DR, glycophorin, TdT, bcl-2, ALK-1, CD123, CD138, CD200, CD26, CD45, CRLF-2.

***Not all markers will be reported in all cases.** Requests for specific markers to be run must be listed on manual requisition or by footnote for electronic orders. We do not offer individual marker identification separately outside of the markers in this panel.

The report will include a pathologist interpretation and a marker interpretation range corresponding to CPT codes of 2-8 markers, 9-15 markers, and 16+ markers interpreted. Charges apply per marker.

CPT Code(s): 88184, 88185 each additional marker; 88187 or 88188 or 88189.

New York DOH Approved.

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