

Dynacare Laboratories Test Changes

New

ABSOLUTE CD3 COUNT

Mnemonic	CD3 SUB
CPT	86359
Test Code	2550210
Includes	CD3
Synonyms	CD3 count, CD3 absolute number, Total CD3, Flow, Immunophenotyping, Total T cells, Lymphocyte Subsets
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	Collect specimens Sunday - Friday, preferred.
Specimen Prep	Do NOT centrifuge. Do NOT freeze.
Storage	Room Temperature, preferred or Refrigerate
Transport Temp	Room Temperature
Method	Flow Cytometric Analysis
Rej Criteria	
Reference Value	Results reported as % and absolute values: (Absolute# T-Cells)Total CD3: 780-2490/uL; (% T-Cells)Total CD3: 58-91%
Performed	Monday - Friday
Comments	Test used for monitoring of immune status

NOTE:

Reference Value Changed

Old

ABSOLUTE CD3 COUNT

Mnemonic	CD3 SUB
CPT	86359
Test Code	2550210
Includes	CD3
Synonyms	CD3 count, CD3 absolute number, Total CD3, Flow, Immunophenotyping, Total T cells, Lymphocyte Subsets
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	Collect specimens Sunday - Friday, preferred.
Specimen Prep	Do NOT centrifuge. Do NOT freeze.
Storage	Room Temperature, preferred or Refrigerate
Transport Temp	Room Temperature
Method	Flow Cytometric Analysis
Rej Criteria	
Reference Value	Results reported as % and absolute values: (Absolute# T-Cells)Total CD3: 630 - 1546/uL; (% T-Cells)Total CD3: 53-88%
Performed	Monday - Friday
Comments	Test used for monitoring of immune status

Dynacare Laboratories Test Changes

New

ABSOLUTE CD4 COUNT

Mnemonic	CD4 SUB
CPT	86361
Test Code	2550155
Includes	CD4
Synonyms	CD4 count, T-Helper count, CD4 absolute number, Total CD4, flow, immunophenotyping, lymphocyte subsets
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	Collect specimens Sunday - Friday, preferred.
Specimen Prep	Do NOT centrifuge. Do NOT freeze.
Storage	Room Temperature, preferred
Transport Temp	Room Temperature
Method	Flow Cytometric Analysis
Rej Criteria	
Reference Value	Results reported as % and absolute values: (Absolute# T-Helper) CD3+CD4+: 410-1540/ μ L; (%T-Helper CD4) CD3+CD4+: 27-61%
Performed	Monday - Friday
Comments	Test used for monitoring of immune status

NOTE:

Reference Value Changed

Old

ABSOLUTE CD4 COUNT

Mnemonic	CD4 SUB
CPT	86361
Test Code	2550155
Includes	CD4
Synonyms	CD4 count, T-Helper count, CD4 absolute number, Total CD4, flow, immunophenotyping, lymphocyte subsets
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	Collect specimens Sunday - Friday, preferred.
Specimen Prep	Do NOT centrifuge. Do NOT freeze.
Storage	Room Temperature, preferred
Transport Temp	Room Temperature
Method	Flow Cytometric Analysis
Rej Criteria	
Reference Value	Results reported as % and absolute values: (Absolute# T-Helper) CD3+CD4+: 467 - 1085/ μ L; (%T-Helper CD4) CD3+CD4+: 32 - 61 %
Performed	Monday - Friday
Comments	Test used for monitoring of immune status

Dynacare Laboratories Test Changes

New

ALDOSTERONE, Urine

Mnemonic	U ALDOS
CPT	82088
Test Code	3502699
Includes	
Synonyms	
Specimen	Urine (24 Hour), pH 4-8
Volume	10.0 mL
Container	Plastic Urine Container (24 Hour)
Special Inst	Instruct the patient to void at 8 AM and discard the specimen. Then collect all urine including the final specimen voided at the end of the 24-hour collection period (ie, 8 AM the next morning) into the plastic container. Screw the lid on securely. Transport the specimen promptly to the laboratory. Container must be labeled with patient's full name, date and time collection started, and date and time collection finished. pH must be 4-8. Patient should be on a diet containing 135 nmoL (3g) sodium per day for at least two weeks and preferably 30 days prior to testing.
Specimen Prep	Record total volume and collection time on requisition.
Storage	Refrigerate
Transport Temp	Refrigerated
Method	Liquid Chromatography/tandem mass spectrometry (LC/MS-MS)
Rej Criteria	Incomplete 24-hour collection; pH <2
Reference Value	Adults: Normal Diet: 0 - 19 µg/24 hours; Low Salt Diet: 20 - 80 µg/24 hours; High Salt Diet: 0 - 12 µg/24 hours; Pediatrics: 0-3 days: 0 - 5 µg/24 hours; 4 days - 11 years: 0 - 8 µg/24 hours; >11 years: 0 - 19 µg/24 hours;
Performed	Two times per week
Comments	If patient is on diuretics, antihypertensive drugs, cyclic progestational agents, estrogen, or licorice, results for aldosterone may not be interpretable. Note 24 hour volume. Total volume performed and charged as needed.

NOTE:

Container Changed
Special Instructions Changed
Method Changed
Rejection Criteria Changed

Old

ALDOSTERONE, Urine

Mnemonic	U ALDOS
CPT	82088
Test Code	3502699
Includes	
Synonyms	
Specimen	Urine (24 Hour), pH 4-8
Volume	10.0 mL
Container	Plastic Urine Container (24 Hour) with 1 g/L Boric Acid
Special Inst	Instruct the patient to void at 8 AM and discard the specimen. Then collect all urine including the final specimen voided at the end of the 24-hour collection period (ie, 8 AM the next morning) into the plastic container with boric acid. Screw the lid on securely. Transport the specimen promptly to the laboratory. Container must be labeled with patient's full name, date and time collection started, and date and time collection finished. pH must be 4-8.
Specimen Prep	Record total volume and collection time on requisition.
Storage	Refrigerate
Transport Temp	Refrigerated
Method	Radioimmunoassay (RIA)
Rej Criteria	Incomplete 24-hour collection; Recently administered isotopes; pH <2
Reference Value	Adults: Normal Diet: 0 - 19 µg/24 hours; Low Salt Diet: 20 - 80 µg/24 hours; High Salt Diet: 0 - 12 µg/24 hours; Pediatrics: 0-3 days: 0 - 5 µg/24 hours; 4 days - 11 years: 0 - 8 µg/24 hours; >11 years: 0 - 19 µg/24 hours;
Performed	Two times per week
Comments	If patient is on diuretics, antihypertensive drugs, cyclic progestational agents, estrogen, or licorice, results for aldosterone may not be interpretable. Note 24 hour volume. Total volume performed and charged as needed.

Dynacare Laboratories Test Changes

New

COMPLEMENT C2

Mnemonic	C2
CPT	86160
Test Code	3521235
Includes	Quantitation of antigenic (immunologic) C2
Synonyms	
Specimen	Serum
Volume	2.0 mL
Container	Red Top Tube. Do NOT use SSTs.
Special Inst	
Specimen Prep	Place tube in ice bath following venipuncture. Centrifuge* Transfer serum to a Purple Screw Cap Tube. FREEZE IMMEDIATELY and maintain frozen until tested.
Storage	Freeze
Transport Temp	Frozen
Method	Immunologic Quantitation by Radial Immunodiffusion (RID)
Rej Criteria	
Reference Value	1.6 - 4.0 mg/dL
Performed	Two times per week
Comments	Submit separate frozen samples when requesting multiple tests on the same specimen.

NOTE:

Specimen Prep Changed
Schedule Changed

Old

COMPLEMENT C2

Mnemonic	C2
CPT	86160
Test Code	3521235
Includes	Quantitation of antigenic (immunologic) C2
Synonyms	
Specimen	Serum
Volume	2.0 mL
Container	Red Top Tube. Do NOT use SSTs.
Special Inst	
Specimen Prep	Place tube in ice bath following venipuncture. Centrifuge* For Red Top only, transfer serum to a Purple Screw Cap Tube. FREEZE IMMEDIATELY and maintain frozen until tested.
Storage	Freeze
Transport Temp	Frozen
Method	Immunologic Quantitation by Radial Immunodiffusion (RID)
Rej Criteria	
Reference Value	1.6 - 4.0 mg/dL
Performed	One time per week
Comments	Submit separate frozen samples when requesting multiple tests on the same specimen.

Dynacare Laboratories Test Changes

New

HYDROXYPROLINE, TOTAL, Urine 24 Hour	
Mnemonic	U OHPRO24
CPT	82131
Test Code	3502874
Includes	
Synonyms	
Specimen	Urine (24 Hour)
Volume	3.0 mL
Container	Plastic Urine Container (24 Hour) on ice
Special Inst	Instruct the patient to void at 8 AM and discard the specimen. Then collect all urine including the final specimen voided at the end of the 24-hour collection period (ie, 8 AM the next morning). Specimen must be kept on ice during collection.
Specimen Prep	
Storage	Frozen
Transport Temp	Frozen
Method	High Pressure Liquid Chromatography (HPLC)/separation with postcolumn ninhydrin quantitation
Rej Criteria	
Reference Value	8 months - 3 years: 0.0 - 15.6 umol/24h; 3 years - 13 years: 2.4 - 28.0 umol/24h; > or = 13 years: 2.7 - 8.8 umol/24h
Performed	Sunday - Friday
Comments	Note: 24 hour volume. Total volume performed and charged as needed. Submit separate frozen specimens when requesting multiple tests on the same specimen.

Old

HYDROXYPROLINE, TOTAL, Urine 24 Hour	
Mnemonic	U OHPRO24
CPT	83505
Test Code	3502874
Includes	
Synonyms	
Specimen	Urine (24 Hour), pH <3
Volume	30.0 mL
Container	Plastic Urine Container (24 Hour) with 30 mL 6N HCl
Special Inst	Patient should be on a collagen-free diet for 24 hours prior to and during urine collection. Patient should avoid foods containing gelatin and meat prior to and during urine collection. These include gelatin desserts (Jello®), ice creams, and candies. Patient must avoid aspirin-containing drugs. Hormonal agents affect quantitation, instruct the patient to void at 8 AM and discard the specimen. Then collect all urine including the final specimen voided at the end of the 24-hour collection period (ie, 8 AM the next morning).
Specimen Prep	Collect with 30 mL 6N HCL. pH <3
Storage	Room Temperature
Transport Temp	Room Temperature
Method	Spectrophotometry
Rej Criteria	
Reference Value	7 - 43 mg/24 h
Performed	Two times per week
Comments	Note: 24 hour volume. Total volume performed and charged as needed.

NOTE:

CPT Changed
Specimen Changed
Volume Changed
Container Changed
Special Instructions Changed
Storage Changed
Transport Temp Changed
Method Changed
Reference Value Changed
Schedule Changed
Comments Changed

Dynacare Laboratories Test Changes

New

OVA AND PARASITES

Mnemonic	O&P
CPT	87177, 87209 with Trichrome Stain
Test Code	6000521
Includes	Direct exam (only on unpreserved stool specimen received within 30 minutes of collection), examination of a concentrated preparation, examination of a permanent trichrome-stained smear
Synonyms	O and P, Parasite Exam
Specimen	Stool; Sputum; Urine; For other sources, contact Dynacare Microbiology Department at 414-805-7570
Volume	Liquid Stool: 5.0 mL; Formed Stool: 5.0 gm; Sputum: 5.0 mL; Urine: 10.0 mL
Container	Para Pak Green-Capped Ecofix Vial; Sterile Screw Cap Container for sputum or urine specimens
Special Inst	For best recovery of intestinal parasites collect 3 stool samples 2-3 days apart, over a ten-day period.
Specimen Prep	STOOL: Collect stool and place in a collection vial containing appropriate preservative (Para Pak Green-Capped Ecofix vial). Add enough specimen to reach fill line on vial. Stool must not be contaminated with urine or water. SPUTUM: Early morning specimen is optimal. Have patient cough deeply and collect entire specimen (0.5 mL minimum) of expectorated sputum in a sterile container. URINE: Submit entire urine specimen (5 mL minimum) in a sterile screw cap container.
Storage	Preserved Stool (Ecofix or other suitable preservative): Room Temperature; Unpreserved Stool: Refrigerated; Sputum or Urine: Refrigerated
Transport Temp	
Method	Direct exam, Concentrate Exam, Trichome Stain
Rej Criteria	Specimen contaminated with urine, water, mineral oil, or other waxy substance, specimens collected within 4 days after barium x-ray, inadequate volume, inappropriate transport device, leaking container.
Reference Value	Negative
Performed	Monday - Friday
Comments	Since Giardia is the most common intestinal parasite, Giardia by Direct Fluorescent Antibody (DFA) testing is recommended in place of full ova and parasite testing. See Cryptosporidium/Giardia DFA (DFA CRY/GI). A complete O&P exam should be ordered only on patients with the following risk factors: individuals at high risk for parasites other than Giardia or Cryptosporidium, immunocompromised individuals, individuals who have immigrated from foreign countries, or individuals with a history of foreign travel. This exam is designed to detect most parasites. However, it does not include Cryptosporidium, Cyclospora, Microsporidium, or Isospora. See specific organism for further information. Collection kits for home collection of stool specimens are available. Instruct patient to label each specimen with full name and date collected. Test is NOT routinely performed on inpatients that have been hospitalized for more than 3 days. Only one specimen per day is

Old

OVA AND PARASITES

Mnemonic	O&P
CPT	87177, 87209 with Trichrome Stain
Test Code	6000521
Includes	Direct exam (only on unpreserved stool specimen received within 30 minutes of collection), examination of a concentrated preparation, examination of a permanent trichrome-stained smear
Synonyms	O and P, Parasite Exam
Specimen	Stool; Sputum; Urine; For other sources, contact Dynacare Microbiology Department at 414-805-7570
Volume	Liquid Stool: 5.0 mL; Formed Stool: 5.0 gm; Sputum: 5.0 mL; Urine: 10.0 mL
Container	Para Pak Green-Capped Ecofix Vial; Sterile Screw Cap Container for sputum or urine specimens
Special Inst	For best recovery of intestinal parasites collect 3 stool samples 2-3 days apart, over a ten-day period.
Specimen Prep	STOOL: Collect stool and place in a collection vial containing appropriate preservative (Para Pak Green-Capped Ecofix vial). Add enough specimen to reach fill line on vial. Stool must not be contaminated with urine or water. SPUTUM: Early morning specimen is optimal. Have patient cough deeply and collect entire specimen (0.5 mL minimum) of expectorated sputum in a sterile container. URINE: Submit entire urine specimen (5 mL minimum) in a sterile screw cap container.
Storage	Preserved Stool (Ecofix or other suitable preservative): Room Temperature; Unpreserved Stool: Refrigerated; Sputum or Urine: Refrigerated
Transport Temp	
Method	Direct exam, Concentrate Exam, Trichome Stain
Rej Criteria	Specimen contaminated with urine, water, mineral oil, or other waxy substance, specimens collected within 4 days after barium x-ray, inadequate volume, inappropriate transport device, leaking container.
Reference Value	Negative
Performed	Monday - Friday
Comments	Since Giardia is the most common intestinal parasite, Giardia by Direct Fluorescent Antibody (DFA) testing is recommended in place of full ova and parasite testing. See Cryptosporidium/Giardia DFA (DFA CRY/GI). A complete O&P exam should be ordered only on patients with the following risk factors: individuals at high risk for parasites other than Giardia or Cryptosporidium, immunocompromised individuals, individuals who have immigrated from foreign countries, or individuals with a history of foreign travel. This exam is designed to detect most parasites. However, it does not include Cryptosporidium, Cyclospora, Microsporidium, or Isospora. See specific organism for further information. Collection kits for home collection of stool specimens are available. Instruct patient to label each specimen with full name and date collected.

acceptable.

NOTE:

Comments Changed

Dynacare Laboratories Test Changes

New

SEMEN ANALYSIS

Mnemonic	SEMEN ANAL
CPT	89320
Test Code	2002000
Includes	
Synonyms	Sperm Counts
Specimen	Semen
Volume	Entire ejaculate
Container	Plastic Screw Cap Container
Special Inst	Abstain from sexual activity for at least 3 days before the specimen is collected.
Specimen Prep	Specimen must be kept warm (body temperature) and delivered to the laboratory within 1 hour of collection. Specimen and completed specimen information form should be delivered to the laboratory between the hours of 7:00 AM - 2:00 PM Monday through Friday only (no holidays). For specimen information forms, please call 805-7600.
Storage	Maintain at body temperature (37° C)
Transport Temp	Body Temperature
Method	Macroscopic and microscopic examination of semen
Rej Criteria	
Reference Value	Sperm Count: 60 - 200 million/mL; Additional normal values: Volume: 1.5 mL (2.5 - 5.0 common); pH: 7.2 - 8.9 (>8.0 common); Color: grayish or yellowish white and moderately turbid; Motility: Initial: 60 - 100% motility (almost no reduction); 2 hours: 50 - 60% motility; 4 hours: 45 - 50% motility
Performed	Monday - Friday
Comments	

NOTE:

Specimen Prep Changed
Schedule Changed

Old

SEMEN ANALYSIS

Mnemonic	SEMEN ANAL
CPT	89320
Test Code	2002000
Includes	
Synonyms	Sperm Counts
Specimen	Semen
Volume	Entire ejaculate
Container	Plastic Screw Cap Container
Special Inst	Abstain from sexual activity for at least 3 days before the specimen is collected.
Specimen Prep	Specimen must be kept warm (body temperature) and delivered to the laboratory within 1 hour of collection. Specimen and completed specimen information form should be delivered to the laboratory between the hours of 7:00 AM - 2:00 PM Monday through Friday only. For specimen information forms, please call 805-7600.
Storage	Maintain at body temperature (37° C)
Transport Temp	Body Temperature
Method	Macroscopic and microscopic examination of semen
Rej Criteria	
Reference Value	Sperm Count: 60 - 200 million/mL; Additional normal values: Volume: 1.5 mL (2.5 - 5.0 common); pH: 7.2 - 8.9 (>8.0 common); Color: grayish or yellowish white and moderately turbid; Motility: Initial: 60 - 100% motility (almost no reduction); 2 hours: 50 - 60% motility; 4 hours: 45 - 50% motility
Performed	Monday - Saturday
Comments	

Dynacare Laboratories Test Changes

New

SEZARY FLOW	
Mnemonic	SEZARY FLOW
CPT	Varies
Test Code	2550260
Includes	
Synonyms	Sezary Cell Count, Flow, Immunophenotyping, Enumeration, Marker Panel
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	Deliver to laboratory IMMEDIATELY. Collect specimens to arrive in lab Sunday through 3:30PM Friday.
Specimen Prep	Do NOT centrifuge. Do NOT freeze. Invert immediately to mix with anti coagulant.
Storage	Room Temperature, preferred or Refrigerate
Transport Temp	Room Temperature
Method	Flow Cytometric Analysis
Rej Criteria	
Reference Value	
Performed	Sunday - Friday
Comments	SEZARY FLOW can only be performed if patient is diagnosed with Sezary Cell Syndrome. A WBCD is required within 24 hours of the draw time to provide absolute cell counts for this method.

NOTE:

Test Name Changed
Test Mnemonic Changed
CPT Changed
PDM Changed
Specimen Prep Changed
Method Changed
Schedule Changed
Comments Changed

Old

SEZARY CELL PREP	
Mnemonic	SEZARY
CPT	85008†
Test Code	2001200
Includes	
Synonyms	
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	
Specimen Prep	Do NOT centrifuge. INvert immediately and mix with anti coagulant.
Storage	Room Temperature, preferred or Refrigerate
Transport Temp	Room Temperature
Method	Manual, Microscopic examination of Wright's stained smears
Rej Criteria	
Reference Value	
Performed	Monday - Sunday
Comments	A Sezary Prep can only be performed if patient is diagnosed with Sezary Cell Syndrome.

Dynacare Laboratories Test Changes

New

T CELL SUBSETS

Mnemonic	TCELL SUB
CPT	86359, 86360
Test Code	2550125
Includes	CD4, CD8, CD3, CD4:CD8 Ratio
Synonyms	CD4 count, T-Helper Cell Absolute Count, Flow, Immunophenotyping, Lymphocyte Subsets, CD8, CD3, Total T cells, T Suppressor Ratio
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	Collect specimens Sunday - Friday, preferred.
Specimen Prep	Do NOT centrifuge. Do NOT freeze.
Storage	Room Temperature, preferred or Refrigerate
Transport Temp	Room Temperature
Method	Flow Cytometric Analysis
Rej Criteria	
Reference Value	Results reported as % and absolute values: (Absolute# T-Helper) CD3+CD4+: 410-1540/ μ L; (Absolute# T-Suppressor) CD3+CD8+: 230-1090/ μ L; Total CD3#: 780-2490/ μ L; (Help/Supp) CD4+/CD8+ ratio: 0.66-3.52; (%T-Helper CD4) CD3+CD4+: 27-61%; (%T-Suppressor CD8+) CD3+CD8+: 14-46%; Total CD3%: 58-91%
Performed	Monday - Friday
Comments	Test used for monitoring of immune status

NOTE:

Reference Value Changed

Old

T CELL SUBSETS

Mnemonic	TCELL SUB
CPT	86359, 86360
Test Code	2550125
Includes	CD4, CD8, CD3, CD4:CD8 Ratio
Synonyms	CD4 count, T-Helper Cell Absolute Count, Flow, Immunophenotyping, Lymphocyte Subsets, CD8, CD3, Total T cells, T Suppressor Ratio
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	Collect specimens Sunday - Friday, preferred.
Specimen Prep	Do NOT centrifuge. Do NOT freeze.
Storage	Room Temperature, preferred or Refrigerate
Transport Temp	Room Temperature
Method	Flow Cytometric Analysis
Rej Criteria	
Reference Value	Results reported as % and absolute values: (Absolute# T-Helper) CD3+CD4+: 467 - 1085/ μ L; (Absolute# T-Suppressor) CD3+CD8+: 109 - 656/ μ L; Total CD3#: 630 - 1546/ μ L; (Help/Supp) CD4+/CD8+ ratio: 0.86 - 4.60; (%T-Helper CD4) CD3+CD4+: 32 - 61%; (%T-Suppressor CD8+) CD3+CD8+: 18 - 42%; Total CD3%: 53 - 88%
Performed	Monday - Friday
Comments	Test used for monitoring of immune status

Dynacare Laboratories Test Changes

New

T CELL, NATURAL KILLER CELL, AND B CELL SUBSETS

Mnemonic	TNKB SUB
CPT	86355, 86357, 86359, 86360
Test Code	2550170
Includes	CD4, CD8, CD3, CD19, CD56, CD4:CD8 Ratio
Synonyms	T, NK and B Subsets, Flow, Immunopenotyping, Lymphocyte Subsets
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	Collect specimens Sunday - Friday, preferred.
Specimen Prep	Do NOT centrifuge. Do NOT freeze.
Storage	Room Temperature, preferred or Refrigerate
Transport Temp	Room Temperature
Method	Flow Cytometric Analysis
Rej Criteria	
Reference Value	Results reported as % and absolute values: (Absolute# T-Helper) CD3+CD4+: 410-1540/ μ L; (Absolute# T-Suppressor) CD3+CD8+: 230-1090/ μ L; Total CD3#: 780-2490/ μ L; (Help/Supp) CD4+/CD8+ ratio: 0.66-3.52; (%T-Helper CD4) CD3+CD4+: 27-61%; (%T-Suppressor CD8+) CD3+CD8+: 14-46%; Total CD3%: 58-91%; (Absolute # B-Cells) Total CD19: 97 - 459/ μ L; (%B-Cells) Total CD19: 6 - 19%; (Absolute # NK) CD3-CD16/56+: 42 - 447/ μ L; (%NK) CD3-CD16/56+: 3 - 26%
Performed	Monday - Friday
Comments	Test used for monitoring of immune status

NOTE:

Reference Value Changed

Old

T CELL, NATURAL KILLER CELL, AND B CELL SUBSETS

Mnemonic	TNKB SUB
CPT	86355, 86357, 86359, 86360
Test Code	2550170
Includes	CD4, CD8, CD3, CD19, CD56, CD4:CD8 Ratio
Synonyms	T, NK and B Subsets, Flow, Immunopenotyping, Lymphocyte Subsets
Specimen	Whole Blood
Volume	4.0 mL
Container	Lavender Top (EDTA) Tube
Special Inst	Collect specimens Sunday - Friday, preferred.
Specimen Prep	Do NOT centrifuge. Do NOT freeze.
Storage	Room Temperature, preferred or Refrigerate
Transport Temp	Room Temperature
Method	Flow Cytometric Analysis
Rej Criteria	
Reference Value	Results reported as % and absolute values: (Absolute# T-Helper) CD3+CD4+: 467 - 1085/ μ L; (Absolute# T-Suppressor) CD3+CD8+: 109 - 656/ μ L; Total CD3#: 630 - 1546/ μ L; (Help/Supp) CD4+/CD8+ ratio: 0.86 - 4.60; (%T-Helper CD4) CD3+CD4+: 32 - 61%; (%T-Suppressor CD8+) CD3+CD8+: 18 - 42%; Total CD3%: 53 - 88%; (Absolute # B-Cells) Total CD19: 97 - 459/ μ L; (%B-Cells) Total CD19: 6 - 19%; (Absolute # NK) CD3-CD16/56+: 42 - 447/ μ L; (%NK) CD3-CD16/56+: 3 - 26%
Performed	Monday - Friday
Comments	Test used for monitoring of immune status

Dynacare Laboratories Test Changes

New

VARICELLA ZOSTER VIRUS NUCLEIC ACID AMPLIFIED TEST (NAAT)

Mnemonic	V VZV NAAT
CPT	87798
Test Code	6750060
Includes	
Synonyms	Shell Vial for VZV, VZV rapid culture, rapid viral culture for VZV, Herpes Zoster culture, VZV PCR
Specimen	Bronchial Alveolar Lavage (BAL); Bronchial Wash; CSF; Dermal Lesion or Vesicle; Sputum; Sterile Body Fluid
Volume	BAL: 5.0 mL; Bronchial Wash: 5.0 mL; Fluid: 3.0 mL; CSF: 1.0 mL; Sputum: 5.0 mL
Container	M-4 or M-6 Viral Transport Medium; Liquid Stuart's Medium; Liquid Amies Medium; Sterile Screw Cap Container
Special Inst	BAL or BRONCHIAL WASH: Collect specimen using aseptic technique and accepted methods. Submit 5.0 mL (0.5 mL minimum) in a sterile container without additives. FLUID: Submit 3.0 mL (0.5 mL minimum) in a sterile syringe with air removed. Alternatively, inject specimen into a sterile container without additives. VESICLE SWAB: disrupt vesicle and collect fluid with swab provided with M-4 or M-6 Viral Transport Medium. With the same swab, collect cells from the base of the lesion. Place swab into M-4 or M-6 Viral Transport Medium. VESICLE ASPIRATE: Aspirate fluid from vesicle using a tuberculin syringe. Transfer to M-4 or M-6 Viral Transport Medium. NONVESICULAR LESION: Moisten swab with small amount of sterile saline and collect cells from base of lesion. Place swab into M-4 or M-6 Viral Transport Medium.
Specimen Prep	
Storage	Room Temperature of Refrigerated
Transport Temp	Room Temperature
Method	Polymerase Chain Reaction (PCR)
Rej Criteria	Inappropriate specimen type, inadequate volume, inappropriate transport device.
Reference Value	Negative
Performed	Monday - Friday
Comments	Varicella Zoster Virus PCR (VZV NAAT) will automatically be ordered and performed on non-genital dermal specimens.

Old

VARICELLA ZOSTER VIRUS NUCLEIC ACID AMPLIFIED TEST (NAAT)

Mnemonic	VZV NAAT
CPT	87798
Test Code	6750060
Includes	
Synonyms	Shell Vial for VZV, VZV rapid culture, rapid viral culture for VZV, Herpes Zoster culture, VZV PCR
Specimen	Bronchial Alveolar Lavage (BAL); Bronchial Wash; CSF; Dermal Lesion or Vesicle; Sputum; Sterile Body Fluid
Volume	BAL: 5.0 mL; Bronchial Wash: 5.0 mL; Fluid: 3.0 mL; CSF: 1.0 mL; Sputum: 5.0 mL
Container	M-4 or M-6 Viral Transport Medium; Liquid Stuart's Medium; Liquid Amies Medium; Sterile Screw Cap Container
Special Inst	BAL or BRONCHIAL WASH: Collect specimen using aseptic technique and accepted methods. Submit 5.0 mL (0.5 mL minimum) in a sterile container without additives. FLUID: Submit 3.0 mL (0.5 mL minimum) in a sterile syringe with air removed. Alternatively, inject specimen into a sterile container without additives. VESICLE SWAB: disrupt vesicle and collect fluid with swab provided with M-4 or M-6 Viral Transport Medium. With the same swab, collect cells from the base of the lesion. Place swab into M-4 or M-6 Viral Transport Medium. VESICLE ASPIRATE: Aspirate fluid from vesicle using a tuberculin syringe. Transfer to M-4 or M-6 Viral Transport Medium. NONVESICULAR LESION: Moisten swab with small amount of sterile saline and collect cells from base of lesion. Place swab into M-4 or M-6 Viral Transport Medium.
Specimen Prep	
Storage	Room Temperature of Refrigerated
Transport Temp	Room Temperature
Method	Polymerase Chain Reaction (PCR)
Rej Criteria	Inappropriate specimen type, inadequate volume, inappropriate transport device.
Reference Value	Negative
Performed	Monday - Friday
Comments	Varicella Zoster Virus PCR (VZV NAAT) will automatically be ordered and performed on non-genital dermal specimens.

NOTE:

Test Mnemonic Changed