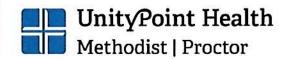
SERVICE UPDATE



CAMPUS AFFECTED: Me	thodist				
	AF	FECTS PA	TIEN	T CARE	
TEST NAME: Clarification of Unity Point Methodist				DATE OF CHANGE: Current	
Flow Cytometry Orde	erable Co	des and Specimer	1		
Requirements					
REPLACING: NA					
SPECIMEN TYPE:	Varies				
ORDERING CODES:	EPIC:	See Below	N	NEW: NA	
	SQ:	See Below	N	NEW: NA	
OTHER USEFUL					
INFORMATION:					

Flow Testing Specimen Requirements:

SODIUM HEPARIN GREEN TOP <u>AND</u> EDTA LAVENDER TOP TUBES – Whole Blood, Minimum 3 mL in each tube **LITHIUM HEPARIN GREEN TOP TUBES ARE UNACCEPTABLE**

<u>Unity Point Methodist Orderable Flow Cytometry Testing:</u>

Flow Cytometry – (SQ YFLOW) (LAB1729) – Specific for leukemia/lymphoma immunophenotyping, lymphoproliferative disorders

T and B Cell Basic Panel – (SQ TBFLOW) (LAB2251) – Specific for lymphocyte subset analysis (CD4/CD8 ratio for immunodeficiency)

Flow CD34 (SQ CD34A) (LAB 4321) – Specific for stem cell enumeration

For further Information Refer to UnityPoint Methodist Laboratory User Manual

WL

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DS 1/4/18