Test Definition: TAE

Therapeutic Antibody by Flow Cytometry

Reporting Title: Therapeutic Antibody Evaluation
Performing Location: Rochester

Specimen Requirements:

Date of draw and the specific therapeutic monoclonal antibody being used or considered are required. Include the pertinent hematologic diseases that have been diagnosed or considered.

Forms: If not ordering electronically, please submit a Hematopathology/Molecular Oncology Request Form (Supply T241) with the specimen.

Submit only 1 of the following specimens:

Specimen Type: Blood
Container/Tube:
Preferred: Yellow top (ACD solution B)
Acceptable: ACD (solution A), heparin, EDTA
Specimen Volume: 10 mL
Collection Instructions:
1. Do not transfer blood to other containers.
2. Include 5- to 10-unstained blood smears, if possible.
3. Label specimen as blood.

Specimen Type: Bone marrow
Container/Tube:
Preferred: Yellow top (ACD solution B)
Acceptable: ACD (solution A), heparin, EDTA
Specimen Volume: 1-5 mL
Collection Instructions:
1. Label specimen as bone marrow.
2. Submission of bilateral specimens is not required.

Specimen Type	Temperature	Time
Varies	Varies	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
19967	Accession Number	Alphanumeric		N/A
19968	Referring Pathologist/Physician	Alphanumeric		46608-6
19969	Ref. Path Address	Alphanumeric		In Process

Result ID	Reporting Name	Type	Unit	LOINC®
19970	Material	Alphanumeric		In Process
19971	Specimen:	Alphanumeric		31208-2
19972	Bone Marrow Differential	Alphanumeric		47286-0
19973	Peripheral Blood:	Alphanumeric		N/A
19974	Aspirate:	Alphanumeric		N/A
19975	Biopsy	Alphanumeric		52121-1
19976	Microscopic Description	Alphanumeric		In Process
19977	Special Studies:	Alphanumeric		N/A
19978	Final Diagnosis:	Alphanumeric		34574-4
19979	Comment:	Alphanumeric		48767-8
19980	Revision Description:	Alphanumeric		In Process
19981	Signing Pathologist	Alphanumeric		19139-5
19982	Special Procedures	Alphanumeric		N/A
19983	SP Signing Pathologist	Alphanumeric		N/A
19984	*Previous Report Follows*	Alphanumeric		N/A
19985	Addendum	Alphanumeric		35265-8
19986	Addendum Comment:	Alphanumeric		22638-1
19987	Addendum Pathologist:	Alphanumeric		19139-5

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	Additional Marker	1	88184		
Billing only	Each additional marker	3	88185		

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
80997	Flow Cytometry, Cell Surface, First	1	88184	No	No (Bill Only)

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
81047	Flow Cytometry, Cell Surface, Addl	1	88185	No	No (Bill Only)
88465	Flow Cytometry Interp, 2-8 Markers	1	88187	No	No (Bill Only)
88466	Flow Cytometry Interp, 9-15 Markers	1	88188	No	No (Bill Only)
88467	Flow Cytometry Interp,16 or greater	1	88189	No	No (Bill Only)

Reference Values:

Normal individuals have B-lymphocytes, T-lymphocytes, or myeloid cells that express the corresponding cell-surface antigens in question.