

Reporting Title: X-Linked Hyper IgM Syndrome, B
Performing Location: Rochester

Shipping Instructions:
Testing performed Monday through Friday. Specimens not received by 4 p.m. Central time on Fridays may be canceled.

Specimens arriving on the weekend and observed holidays may be canceled.

Collect and package specimen as close to shipping time as possible. It is recommended that specimens arrive within 24 hours of collection.

Necessary Information:
The ordering healthcare professional's name and phone number are required.

Specimen Requirements:
Container/Tube: Green top (sodium heparin)
Specimen Volume: 4 mL
Collection Instructions: Send whole blood specimen in original tube. **Do not aliquot.**
Additional Information: For serial monitoring, it is recommended that specimen collection be performed at the same time of day.

Specimen Type	Temperature	Time	Special Container
WB Sodium Heparin	Ambient	72 hours	GREEN TOP/HEP

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
29040	CD40mulg (Function)	Alphanumeric		98241-3
82964	CD40 Ligand Expression	Alphanumeric		98240-5
23901	Interpretation	Alphanumeric		69052-9

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:
88184-Flow cytometry, cell surface, cytoplasmic
88185 x 6-Each additional marker

Reference Values:
Present