Overview

Useful For
Aids in the diagnosis of joint disease, systemic disease, inflammation, malignancy, infection, and trauma

Profile Information

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Reporting Name</th>
<th>Available Separately</th>
<th>Always Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCBF_</td>
<td>Cell Count and Differential, BF</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>CRSF</td>
<td>Morphologic Review, BF</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Reflex Tests

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Reporting Name</th>
<th>Available Separately</th>
<th>Always Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCMS</td>
<td>Leukemia/Lymphoma, Phenotype</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CYTNG</td>
<td>Cytology Non-GYN</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Testing Algorithm
When abnormal cytologic features are present, the laboratory may reflex to a miscellaneous cytology test. Fee codes for that test vary depending on review process.

Method Name
Automated or Manual Cell Count/Cytocentrifugation followed by Manual Differential and Morphology Review

Stain slide with Wright-Giemsa stain.

NY State Available
No

Specimen

Specimen Type
Body Fluid

Advisory Information
For spinal fluid, order CCCF / Cell Count and Differential, Spinal Fluid (CSF).

For bronchoalveolar lavage, order LAV / Cell Count and Differential, Bronchoalveolar Lavage.

Shipping Instructions
Specimen must arrive within 24 hours of collection.
Test Definition: CCBF
Cell Count and Differential, BF

Necessary Information
Indicate specimen source.

Specimen Required
For Local Accounts Only

Sources: Synovial, pleural, peritoneal, pericardial

Container/Tube:
Preferred: Body fluid container
Acceptable: EDTA or heparin

Specimen Volume: 1 mL
Specimen Minimum Volume
0.7 mL

Reject Due To

<table>
<thead>
<tr>
<th>Gross hemolysis</th>
<th>OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Clotted</td>
</tr>
<tr>
<td></td>
<td>Nasal fluid, sputum, amniotic fluid</td>
</tr>
</tbody>
</table>

Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Fluid</td>
<td>Ambient (preferred)</td>
<td>24 hours</td>
</tr>
<tr>
<td></td>
<td>Refrigerated</td>
<td>24 hours</td>
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</table>

Clinical and Interpretive

Clinical Information
Body fluids, other than the commonly analyzed urine and blood, include synovial, pleural, peritoneal, and pericardial fluids. These fluids may be present in increased volumes and may contain increased numbers of normal and abnormal cells in a variety of disease states.

Reference Values
TOTAL NUCLEATED CELLS

Synovial fluid: <150/mcL
Peritoneal/pleural/pericardial fluid: <500/mcL

**NEUTROPHILS**

Synovial Fluid: <25%
Peritoneal/pleural/pericardial fluid: <25%

**LYMPHOCYTES**

Synovial fluid: <75%

**MONOCYTES/MACROPHAGES**

Synovial fluid: < or =70%

**Interpretation**

Trauma and hemorrhage may result in increased red and white cells; red cells predominate. White blood cells are increased in inflammatory and infectious processes:

- Neutrophils predominate in bacterial infections
- Lymphocytes predominate in viral infections
- Macrophages may be increased in inflammatory and infectious processes
- Eosinophils may be increased in parasitic or fungal infections

**Cautions**

No significant cautionary statements

**Clinical Reference**


**Performance**

**Method Description**

The cells are applied to a glass slide by cytocentrifugation. Wright-Giemsa stained slides are examined by light microscopy and a differential is performed. Total nucleated cell count is determined using an automated hematology analyzer or a microscopic counting chamber. (Instruction manual: Automated Hematology Analyzer XN series [XN-1000]. Code No. CJ410539. North American Edition. November 2015)
PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Sunday; Continuously

Analytic Time
Same day/1 day

Maximum Laboratory Time
2 days

Specimen Retention Time
1 week

Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
This test has been modified from the manufacturer’s instructions. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information
89051-Cell count with differential count
88184 if applicable
88185 if applicable
88187 if applicable
88188 if applicable
88189 if applicable
88104 if applicable
88108 if applicable
88112 if applicable
88161 if applicable
88162 if applicable

88305 if applicable

**LOINC® Information**

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<tbody>
<tr>
<td>CCBF</td>
<td>Cell Count and Differential, BF</td>
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</table>

<table>
<thead>
<tr>
<th>Result ID</th>
<th>Test Result Name</th>
<th>Result LOINC Value</th>
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<tbody>
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<tr>
<td>OTH11</td>
<td>Other Cells Are:</td>
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<tr>
<td>CMT81</td>
<td>Comment</td>
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<tr>
<td>APP2</td>
<td>Gross Appearance</td>
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<td>TOT12</td>
<td>Total Nucleated Cells</td>
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<td>REV81</td>
<td>Reviewed by:</td>
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<td>RBC1</td>
<td>Erythrocytes</td>
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<td>CMT37</td>
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<tr>
<td>NE_BF</td>
<td>Neutrophils</td>
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<tr>
<td>LY_BF</td>
<td>Lymphocytes</td>
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<td>Monocytes/Macrophages</td>
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<td>OTH1</td>
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<td>CMT3</td>
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<td>DCCBF</td>
<td>Download CCBF</td>
<td>No LOINC Needed</td>
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