

Reporting Title: Sezary Diagnostic Flow Cytometry, B
Performing Location: Rochester

Ordering Guidance:
This test is **not indicated** for monitoring patients with a diagnosis of Sezary syndrome. For monitoring purposes, order SZMON / Sezary Monitoring Flow Cytometry, Blood.

Specimen Requirements:
Container/Tube:
Preferred: Yellow top (ACD solution A or B)
Acceptable: Lavender top (EDTA), green top (sodium heparin)
Specimen Volume: 6 mL
Collection Instructions:
1. Send whole blood specimen in original tube. **Do not aliquot.**
2. Label specimen as blood.

Forms:
If not ordering electronically, complete, print, and send a [Hematopathology/Cytogenetics Test Request](#) (T726) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)	4 days	
	Refrigerated	4 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
CK126	Sezary Diagnostic	Alphanumeric		No LOINC Needed
CK127	Final Diagnosis	Alphanumeric		50398-7
CK128	Special Studies	Alphanumeric		30954-2
CK129	Microscopic Description	Alphanumeric		22635-7

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

Supplemental Report:
No

CPT Code Information:
88184-Flow cytometry; first cell surface, cytoplasmic or nuclear marker x 1
88185-Flow cytometry; additional cell surface, cytoplasmic or nuclear marker (each)
88188-Flow Cytometry Interpretation, 9 to15 markers (if appropriate)
88189-Flow Cytometry Interpretation, 16 or more markers (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
FCIMS	Flow Cytometry Interp, 9-15 Markers	1	88188	No	No
FCINS	Flow Cytometry Interp,16 or greater	1	88189	No	No

Reference Values:

An interpretive report will be provided. This test will be processed as a laboratory consultation. An interpretation of the immunophenotypic findings and, if available, morphologic features will be provided by a board-certified hematopathologist for every case.