Neutrophil Oxidative Burst, Blood
Test ID: NOXB

**EXPLANATION:** 2014, Test ID NOXB – Neutrophil Oxidative Burst, Blood will be obsoleted due to a reporting name change.

**RECOMMENDED ALTERNATIVE TEST:** DHR Flow Cytometric PMATest, Blood, DHRP

**METHODOLOGY:** Flow Cytometry

**REFERENCE VALUES:**

<table>
<thead>
<tr>
<th>Result Name</th>
<th>Unit</th>
<th>Cutoff for defining normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>% PMA ox-DHR+</td>
<td>%</td>
<td>&gt;=95%</td>
</tr>
<tr>
<td>MFI PMA ox-DHR+</td>
<td>MFI</td>
<td>&gt;=60</td>
</tr>
<tr>
<td>Control % PMA ox-DHR+</td>
<td>%</td>
<td>&gt;=95%</td>
</tr>
<tr>
<td>Control MFI PMA ox-DHR+</td>
<td>MFI</td>
<td>&gt;=60</td>
</tr>
</tbody>
</table>

The appropriate age-related reference values for Absolute Neutrophil Count will be provided on the report.

**SPECIMEN REQUIREMENTS:** It is recommended that specimens arrive within 24 hours of draw. Specimens are required to be received in the laboratory weekdays and by 4 p.m. on Friday. Samples arriving on the weekend may be canceled. Draw and package specimen as close to shipping time as possible. Ship specimen overnight in an Ambient Mailer-Critical Specimens Only (Supply T668).

**Ordering physician name and phone number are required.**

A whole blood sodium heparin specimen and a whole blood sodium heparin control specimen from an unrelated, healthy donor are required.

**Patient:**
Specimen Type: Whole blood
Container/Tube: Green top (sodium heparin)
Specimen Volume: 5 mL
Collection Instructions: Send specimen in original tube.

**Normal Control:**
Specimen Type: Whole blood
Container/Tube: Green top (sodium heparin)
Specimen Volume: 5 mL
Collection Instructions:
1. Label clearly on outermost label **normal control**.
2. Send specimen in original tube.
**SPECIMEN STABILITY INFORMATION:**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Ambient</td>
<td>48 hours</td>
</tr>
<tr>
<td>WB Sodium Heparin</td>
<td>Ambient</td>
<td>48 hours</td>
</tr>
</tbody>
</table>

**USEFUL FOR:** Diagnosis of chronic granulomatous disease (CGD), X-linked and autosomal recessive forms, complete myeloperoxidase (MPO) deficiency; monitoring chimerism and NADPH oxidase function posthematopoietic cell transplantation

Assessing residual NADPH oxidase activity pretransplant

Identification of carrier females for X-linked CGD; assessment of changes in lyonization with age in carrier females

**CPT CODE:** 82657, 88184

**DAY(S) SET UP:** Monday through Friday; **ANALYTIC TIME:** 3 days

Specimens must be received by 4 p.m. on Friday.

**QUESTIONS:** Contact your Mayo Medical Laboratories’ Regional Manager or Heather Flynn Gilmer, MML Laboratory Technologist Resource Coordinator

Telephone: 800-533-1710