

**Neutrophil Oxidative Burst, Blood**  
**Test ID: NOXB**

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

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

**METHODOLOGY:** Flow Cytometry

**REFERENCE VALUES:**

Result Name	Unit	Cutoff for defining normal
% PMA ox-DHR+	%	>=95%
MFI PMA ox-DHR+	MFI	>=60
Control % PMA ox-DHR+	%	>=95%
Control MFI PMA ox-DHR+	MFI	>=60

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:**

Specimen Type	Temperature	Time
Control	Ambient	48 hours
WB Sodium Heparin	Ambient	48 hours

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

**ANALYTIC TIME:** 3 days

**QUESTIONS:** Contact your Mayo Medical Laboratories' Regional Manager or Heather Flynn Gilmer, MML Laboratory Technologist Resource Coordinator  
Telephone: 800-533-1710