
Lab Dept: Chemistry

Test Name: LYMPHOCYTE PROLIFERATION PANEL

General Information

Lab Order Codes: LPMAB

Synonyms: Mitogen Studies; Blastogenesis Mitogens; Blastogenesis Antigens; Lymphocyte Transformation

CPT Codes: 86353 x 2 – Lymphocyte transformation, mitogen or antigen induced blastogenesis

Test Includes: Lymphocyte Proliferation, [Antigens](#) and [Mitogens](#). An interpretive report of findings will be provided. For more information see individual test listings.

Logistics

Test Indications: Evaluating patients suspected of having diminished cellular immune function; evaluating patients with primary and secondary immunodeficiency diseases that affect T lymphocytes; Evaluating functional T-cell recovery post-hematopoietic stem cell transplant or immunosuppressive therapy for solid-organ or in other clinical contexts.

Lab Testing Sections: Chemistry - Sendouts

Referred to: Mayo Medical Laboratories (MML Test: 60593/LPMAF)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 8 - 11 days, test set up Monday - Friday

Special Instructions: Specimen must arrive within 24 hours of draw. Send specimen Monday - Thursday only. See [Collection](#) for important information. Obtain special tube from laboratory. For serial monitoring, it is recommended that the sample be collected at the same time of day per collection.

Specimen

Specimen Type: Whole blood

Container: Green top (Na Heparin) tube. Lithium heparin is not acceptable.

Draw Volume:

Draw volume varies by age. Reference table below:		
Patient Age	Requested Volume	Minimum Volume
<3 months	3 mL	1 mL
3 – 24 months	5 mL	3 mL
25 months – 5 years	6 mL	5 mL
6 - 18 years	8 mL	5 mL
>18 years	30 mL	20 mL

Processed Volume:

Same as Draw Volume

Collection:

Routine venipuncture, send specimen to the laboratory immediately after collection. **Note:** Specimens must be filled by needle through the stopper to maintain a closed system. **DO NOT** fill tube by removing the stopper.

Special Processing:

Lab Staff: **Do Not** centrifuge. Send in original collection tube. Keep at room temperature. Forward promptly.

Patient Preparation:

None

Sample Rejection:

Specimens other than whole blood; anticoagulants other than sodium heparin; frozen specimens; gross hemolysis; gross lipemia; mislabeled or unlabeled specimens

Interpretive**Reference Range:**

See individual test listings, Lymphocyte Proliferation, [Antigens](#) and [Mitogens](#). A narrative report is provided with each result.

Critical Values:

N/A

Limitations:

See individual test listings, Lymphocyte Proliferation, [Antigens](#) and [Mitogens](#)

Methodology:

Flow cytometry

References:

[Mayo Medical Laboratories Web Page](#) January 2011

Updates:

1/18/2011: Method change, reference range change, draw volume update.