### Collection / Transport

**Collection Requirements:**

**Preferred volume:** Three 10 mL Green (Sodium Heparin) top heparinized tubes.

**Specimen Preparation:**

DO NOT centrifuge tubes.

**Pediatric Collection:**

**Minimum volume:** Two 10 mL Green (Sodium Heparin) top heparinized tubes.

**Unacceptable Conditions:**

Centrifuged specimens, specimens received after 24 hours of draw, frozen specimens, specimens in lithium heparin, specimens in tubes with gel such as SST’s and PSTs.

**Storage Transport Temp:**

Send ambient blood Priority Overnight via FedEx and in a well insulated container.

Specimen must be received in the laboratory within 24 hours of collection.

Samples will be received Mon - Fri, no later than noon on Friday.

**Stability:**

AMBIENT: 24 HOURS

**Notes:**

Cells are checked for their sensitivity to the suppressive effect of the steroids tested based on the IC50 (measures the amount of a given glucocorticoid to inhibit the activation of lymphocytes by 50%) and Imax (maximum suppression).

A Steroid Kinetics Questionnaire is required prior to completing any of the above tests. You may [download and print the questionnaire](#). Please send completed form along with requisition.

### Overview

**Performed:**

Mon, Tue and Fri

**Methodology:**
Lymphocyte proliferation

**Reported:**
7-10 days

**Lab Department:**
Immunology Lab - Functional Assay

**Synonyms:**
lymphocyte proliferation (Glucocorticoid Lymphocyte Stimulation); LPT (Glucocorticoid Lymphocyte Stimulation); steroid insensitivity (Glucocorticoid Lymphocyte Stimulation); steroid resistance (Glucocorticoid Lymphocyte Stimulation)

**Related Tests:**
Asthma, Mycoplasma pneumoniae by PCR (MYP), Chlamydia pneumoniae by PCR (CHLU), Cortisol pharmacokinetics (CORTH), Beta 2 adrenergic receptor genotype (B2AR), Sputum eosinophils (SSPU), Eosinophil cationic protein (ECP)

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**Result Interpretation**

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**CPT Codes**

**CPT Code:**
86353 X 4

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Test Name: Glucocorticoid Lymphocyte Stimulation
Test Code: GCLS