Collection / Transport

Collection Requirements:
Draw one green top tube (Sodium Heparin) top tube.

Specimen Preparation:
Do NOT centrifuge! Keep at room temperature (18-22°C).

Preferred volume: 7 mL
Additionally, please send one normal control (sodium heparin green top tube) from a healthy, unrelated individual.

Patient Preparation:
POSITIVE PATIENT IDENTIFICATION [Labeling] requires we use two (2) pieces of information [identifiers].

• The standard two patient identifiers for ADx Laboratories are patient FULL NAME and DATE OF BIRTH.
• Limited exception for de-identified samples would be the sample NUMBER and patient DATE OF BIRTH.
• Both identifiers must match exactly on the specimen label and the requisition/order that corresponds to that specimen.
• Where appropriate for multiple samples submitted together, specimen collection information (e.g. site or source, date and time of collection, etc.) must also be included on the specimen label.

Pediatric Collection:
Minimum volume: 2-3 mL blood

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:
Maintain and transport specimens at room temperature (18-22°C).
Ship specimens Priority Overnight via Fed Ex in container sufficiently insulated to avoid temperature extremes (<10°C and >37°C).

Stability:
24 hours at room temperature (18-22°C)
Methodology:
Lymphocyte stimulation in cell culture

Reported:
14 days

Lab Department:
Immunology Lab - Functional Assay

Synonyms:
Lymphocyte stimulation (Lymphocyte Proliferation to PHA Mitogen);LSPHA;WBPHA

Related Tests:
**Lymphocyte Proliferation Assessment:** (begin with Lymphocyte enumeration, CDC panel, TBCDC), Lymphocyte proliferation to candida antigen (LSCAN), Lymphocyte proliferation to ConA mitogen (LSCON), Lymphocyte proliferation to PWM mitogen (LSPWM), Lymphocyte proliferation to tetanus antigen (LSTET), Beryllium lymphocyte proliferation test (BER1)

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Result Interpretation

Reference Interval:
By Report

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CPT Codes

CPT Code:
86353

Test Name: Lymphocyte Proliferation to PHA Mitogen
Test Code: LMITO, LSTIM