MCLAREN MEDICAL LABORATORY CLIENT SERVICES

For questions, concerns and add-on test requests please contact Customer Relations toll free at 1-855-769-7030; Fax: 810-341-1814.

McLaren Medical Laboratory: 4000 S. Saginaw St. Flint, MI, 48507; CLIA (23D2027105)

For test inquiry information please visit our website at https://www.mclaren.org/main/laboratory-tests

MEDICAL NECESSITY (ICD Codes)

The provider must specify medically appropriate ICD codes (diagnosis, signs, symptoms, or complaint) that are supported by the patient medical record for each test ordered. Including tests listed as part of organ or disease-oriented panels.

ABN (Advanced Beneficiary Notice): If the provider is collecting a specimen from the patient in the office for submission to the laboratory they are required to obtain an ABN. The laboratory is responsible for obtaining the ABN at the time of service if laboratory personnel are collecting the specimen from the patient.

REFLEX TESTING CRITERIA

Reflex Testing is a single or series of tests that is performed when the initial test result is positive or outside the normal parameters and has limited clinical value without the test(s). Additional charges are applied to the patient's account.

SPECIMEN COLLECTION REQUIREMENTS

Acceptable Specimen Types for Leukemia/Lymphoma Testing

Specimen Source	Collection Container	Minimum Volume	Storage/Transport Requirements
Pheripheral Blood*	EDTA, Sodium Heparin or ACD (A or B Solution)	3 mL	Room Temperature, 18-25° C
Bone Marrow**	Sodium Heparin or ACD (A or B Solution)	1 mL	Room Temperature, 18-25° C
Body Fluids	RPMI Transport Media (5% Newborn Calf Serum) or Original Container	5 mL	Refrigerate at 2-8° C
CSF	RPMI Transport Media (5% Newborn Calf Serum) or Original Container	1 mL	Refrigerate at 2-8° C
Fine Needle Aspirate (FNA)	RPMI Transport Media (5% Newborn Calf Serum) or Original Container	5 mL	Refrigerate at 2-8° C
Lymph Node(s)	RPMI Transport Media (5% Newborn Calf Serum) or Original Container	5 mL	Refrigerate at 2-8° C
Tissue	RPMI Transport Media (5% Newborn Calf Serum) or Original Container	5 mL	Refrigerate at 2-8° C

Acceptable Specimen Types for CD4/CD8 Testing

Specimen Source	Collection Container	Minimum Volume	Storage/Transport Requirements			
Peripheral Blood*	EDTA, Sodium Heparin or ACD (A or B Solution)	3 mL	Room Temperature, 18-25° C			

^{*} Please include recent CBC with Differential results and/or an EDTA specimen from the same draw time and one unstained blood smear, as appropriate.

FOR LAB USE ONLY																	
#	Recv	#	Recv	#	Recv	#	Recv	#	Recv	#	Recv	#	Recv	#	Recv	Registered by:	(Initials)
	SST		Blue		Green		Urine Tb		Frozen		Cobas		Stool		Vial	registered by.	
	Lav		Red		Grey		Sterile		Affirm		Pap Vial		Swab		Aliquot	Ordered by:	(Initials)

^{**} Please include recent CBC with Differential & Retic results and/or an EDTA specimen from the same draw time and two unstained bone marrow aspirate slide, as appropriate. Note: If the patient has received treatment the CBC must be from post treatment.