Neutrophil Oxidative Burst Test
Test Code: 403002P

Cell Function Testing requires special attention to specimen collection and shipping in order to ensure the integrity of the sample. Please watch Viracor’s video for complete specimen collection and shipping instructions.

**WATCH VIDEO**

**Clinical and Procedure**

**Clinical Utility**
The measure of oxidation is a useful assay in the diagnosis of chronic granulomatous disease and is also a useful means to determine the overall metabolic integrity of phagocytizing neutrophils.

**Procedure**
Formation of the reactive oxidants during the oxidative burst is monitored by the addition and enzymatic oxidation of a fluorogenic substrate, DHR 123. The level of reactive oxygen radicals is determined by flow cytometry. This test has not been cleared or approved for diagnostic use by the U.S. Food and Drug Administration.

**Turnaround Time**
2-3 business days from receipt of specimen

**Specimen Information**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Order Code</th>
<th>CPT Code</th>
<th>NY Approved</th>
<th>Volume</th>
<th>Assay Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>whole blood</td>
<td>403002P</td>
<td>82657</td>
<td>Yes</td>
<td>5 mL</td>
<td>&gt;73</td>
</tr>
</tbody>
</table>

Special Instructions
- 5 mL, whole blood collected and shipped in original sodium heparin (green top) tube.
- Specimen must be shipped on same day as collection to meet 36 hour requirement.
- In addition, it is recommended that a control specimen be included from a healthy individual as a shipping control.

For New York Samples Only
- 5 mL, whole blood collected and shipped in original sodium heparin (green top) tube.
- Samples from the state of New York must be received within 24 hours from time of collection.
- Ship priority overnight on the same day as collection to meet the 24 hour requirement.
- In addition, it is recommended that a control specimen be included from a healthy individual as a shipping control.

**Causes for Rejection**
Specimens greater than 36 hours old, whole blood frozen, received in transfer tube, or hemolyzed samples. Specimen type other than heparinized whole blood in sodium heparin tube.
Disclaimer
Specimens are approved for testing in New York only when indicated in the Specimen Information field above.

The CPT codes provided are based on Viracor Eurofins' interpretation of the American Medical Association's Current Procedural Terminology (CPT) codes and are provided for general informational purposes only. CPT coding is the sole responsibility of the billing party. Questions regarding coding should be addressed to your local Medicare carrier. Viracor Eurofins assumes no responsibility for billing errors due to reliance on the CPT codes illustrated in this material.