

**Reporting Title:** CRMP-5-IgG Western Blot, CSF  
**Performing Location:** Rochester

**Additional Testing Requirements:**  
It is recommended that PAC1 / Paraneoplastic, Autoantibody Evaluation, Spinal fluid be ordered in conjunction with this test if not previously performed.

**Shipping Instructions:**  
Send specimen refrigerated.

**Necessary Information:**  
[Provide the following information:](#)  
-Relevant clinical information  
-Ordering provider name, phone number, mailing address, and e-mail address

**Specimen Requirements:**  
**Container/Tube:** Sterile vial  
**Specimen Volume:** 3 mL

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
21747	CRMP-5-IgG Western Blot, CSF	Alphanumeric		53707-6

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**  
No

**CPT Code Information:**  
84182

**Reference Values:**  
Negative