

**Reporting Title:** Protein, Total, BF  
**Performing Location:** Rochester

**Ordering Guidance:**  
For protein measurement in spinal fluid specimens, order TPSF / Protein, Total, Spinal Fluid. Testing will be changed to TPSF if this test is ordered on that specimen type.

- Necessary Information:**
- 1. Date and time of collection are required.
  - 2. Specimen source is required.

**Specimen Requirements:**  
**Specimen Type:** Body fluid  
**Preferred Source:**  
-Peritoneal fluid (peritoneal, abdominal, ascites, paracentesis)  
-Pleural fluid (pleural, chest, thoracentesis)  
-Drain fluid (drainage, JP drain)  
-Pericardial  
**Acceptable Source:** Write in source name with source location (if appropriate)  
**Collection Container/Tube:** Sterile container  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 1 mL  
**Collection Instructions:**  
1. Centrifuge to remove any cellular material and transfer into a plastic vial.  
2. Indicate the specimen source and source location on label.

**Forms:**  
If not ordering electronically, complete, print, and send a [Renal Diagnostics Test Request](#) (T830) with the specimen.

Specimen Type	Temperature	Time	Special Container
Body Fluid	Refrigerated (preferred)	7 days	
	Frozen	30 days	
	Ambient	24 hours	

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
TPBF	FLD23	Fluid Type, Protein, Total	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
TPBF1	Protein, Total, BF	Numeric	g/dL	2881-1
FLD23	Fluid Type, Protein, Total	Alphanumeric		14725-6

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

Supplemental Report:

No

CPT Code Information:

84157

Reference Values:

An interpretive report will be provided.