

**Reporting Title:** Additional sample for reflex OLIGS  
**Performing Location:** Rochester

**Specimen Requirements:**  
Only orderable as part of a profile. For more information see:  
-MSP3 / Multiple Sclerosis (MS) Profile, Serum and Spinal Fluid  
-OLIG / Oligoclonal Banding, Serum and Spinal Fluid

**Specimen Type:** Serum  
**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 1 mL

**Collection Instructions:**  
1. Centrifuge and aliquot serum in plastic vial within 2 hours of collection.  
2. Label specimen as serum.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	14 days	
	Ambient	14 days	
	Refrigerated	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
XSRM	Additional sample for Reflex OLIGS	Alphanumeric		No LOINC Needed

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

**Supplemental Report:**  
No

**Reference Values:**