

Reporting Title: M-Protein Isotype Only, S
Performing Location: Rochester

Specimen Requirements:
Patient Preparation: Fasting 12 hours preferred but not required
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container /Tube: Plastic vial
Specimen Volume: 1 mL
Collection Instructions: Centrifuge and aliquot into a plastic vial.

Forms:

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
TMAB	TMAB	Therapeutic Antibody Administered?	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
606982	Flag, M-protein Isotype	Alphanumeric		94400-9
606590	M-Protein Isotype MALDI-TOF MS	Alphanumeric		90990-3
TMAB	Therapeutic Antibody Administered?	Alphanumeric		98855-0

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

Supplemental Report:
No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
MALDO	M-Protein Isotype Only, S	1	0077U	Yes	No

Test Definition: MALD

M-Protein Isotype, Matrix-Assisted Laser
Desorption-Ionization Time-of-Flight Mass
Spectrometry, Serum

TMAB	Therapeutic Antibody Administered?			Yes	No
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CPT Code Information:

0077U
86334 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
IFXED	Immunofixation Delta and Epsilon, S	1	86334	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
IFXED	606458	Immunofixation D and E	Alphanumeric		74665-1
IFXED	606981	Flag, Immunofixation D and E	Alphanumeric		No LOINC Needed

Reference Values:

Negative: No monoclonal protein detected.