MAYO CLINIC LABORATORIES

Test Definition: DMOGA

Monoclonal Gammopathy, Diagnostic, Serum

Reporting Title: Monoclonal Gammopathy Diagnostic, S
Performing Location: Rochester

Ordering Guidance:

To monitor a patient with an established diagnosis of a monoclonal gammopathy, order TMOGA / Monoclonal Gammopathy, Monitoring, Serum.

Specimen Requirements:

Patient Preparation: Fasting (12 hour) preferred but not required
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container /Tube: Plastic vial
Specimen Volume: 2 mL
Collection Instructions: Centrifuge and aliquot into a plastic vial.

Forms:

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	
	Ambient	72 hours	

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®
TPE	Total Protein	Numeric	g/dL	2885-2
602837	Albumin	Numeric	g/dL	2862-1
602838	Alpha-1 Globulin	Numeric	g/dL	2865-4
602839	Alpha-2 Globulin	Numeric	g/dL	2868-8
602840	Beta-Globulin	Numeric	g/dL	2871-2
602841	Gamma-Globulin	Numeric	g/dL	2874-6
602842	A/G Ratio	Numeric		44429-9
602843	M spike	Numeric	g/dL	51435-6
602844	M spike	Numeric	g/dL	35559-4
602836	Impression	Alphanumeric		49296-7
65198	M-protein Isotype MALDI-TOF MS	Alphanumeric		90990-3
606976	Flag, M-protein Isotype	Alphanumeric		94400-9

LFLCS	Lambda Free Light Chain, S	Numeric	mg/dL	33944-0
KLRS	Kappa/Lambda FLC Ratio	Numeric		48378-4
TMAB	Therapeutic Antibody Administered?	Alphanumeric		98855-0
KFLCS	Kappa Free Light Chain, S	Numeric	mg/dL	36916-5

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
TMAB	Therapeutic Antibody Administered?			Yes	No
TPE	Total Protein	1	84155	Yes	Yes, (Order TP)
SPE	Protein Electrophoresis	1	84165	Yes	No
MPTS	M-protein Isotype MALDI-TOF MS, S	1	0077U	Yes	Yes, (Order MALD)
KFLCS	Kappa Free Light Chain, S	1	83521	Yes	Yes, (Order FLCS)
LFLCS	Lambda Free Light Chain, S	1	83521	Yes	Yes, (Order FLCS)
KLRS	Kappa/Lambda FLC Ratio			Yes	Yes, (Order FLCS)

CPT Code Information:

83521 x 2
84155
84165
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:

TOTAL PROTEIN:
> or =1 year: 6.3-7.9 g/dL
Reference values have not been established for patients that are younger than 12 months of age.

PROTEIN ELECTROPHORESIS
Albumin: 3.4-4.7 g/dL
Alpha-1-globulin: 0.1-0.3 g/dL
Alpha-2-globulin: 0.6-1.0 g/dL
Beta-globulin: 0.7-1.2 g/dL
Gamma-globulin: 0.6-1.6 g/dL
An interpretive comment is provided with the report.
Reference values have not been established for patients that are younger than 16 years of age.

M-PROTEIN ISOTYPE MALDI-TOF MS
No monoclonal protein detected

M-protein Isotype MALDI-TOF MS Flag
Negative

KAPPA-FREE LIGHT CHAIN
0.33-1.94 mg/dL

LAMBDA-FREE LIGHT CHAIN
0.57-2.63 mg/dL

KAPPA/LAMBDA-FREE LIGHT-CHAIN RATIO
0.26-1.65