MAYO CLINIC LABORATORIES

Test Definition: TMOGA

Monoclonal Gammopathy, Monitoring, Serum

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

Ordering Guidance:

Protein electrophoresis alone is not considered an adequate screen for monoclonal gammopathies. When screening a patient or establishing a first-time diagnosis for a monoclonal gammopathy, consider ordering DMOGA / Monoclonal Gammopathy, Diagnostic, Serum instead, which includes free light chain analysis.

Specimen Requirements:

Protein electrophoresis alone is not considered an adequate screen for monoclonal gammopathies. When screening a patient or establishing a first-time diagnosis for a monoclonal gammopathy, consider ordering DMOGA / Monoclonal Gammopathy, Diagnostic, Serum instead, which includes free light chain analysis.

Specimen Required
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: 1 mL
Collection Instructions: Centrifuge and aliquot serum into plastic vial.

Forms:

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 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®
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
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
SPE	Protein Electrophoresis	1	84165	Yes	No
TMAB	Therapeutic Antibody Administered?			Yes	No
TPE	Total Protein	1	84155	Yes	Yes, (Order TP)

CPT Code Information:

84155
84165
0077U (if appropriate)
86334 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
MPTS	M-protein Isotype MALDI-TOF MS, S	1	0077U	No	Yes, (Order MALD)
IFXED	Immunofixation Delta and Epsilon, S	1	86334	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
MPTS	65198	M-protein Isotype MALDI-TOF MS	Alphanumeric		90990-3
MPTS	606976	Flag, M-protein Isotype	Alphanumeric		94400-9
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 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.
Reference values have not been established for patients younger than 16 years of age.