MAYO CLINIC LABORATORIES

Test Definition: QMPSS

Monoclonal Protein Study, Quantitative, Serum

Reporting Title: Quantitative M-protein Study, S
Performing Location: Rochester

Ordering Guidance:

Additional Testing Requirements:

Quantitation of monoclonal protein alone is not considered an adequate screen for monoclonal gammopathies. When screening a patient or establishing a first-time diagnosis for a monoclonal gammopathy, order FLCS / Immunoglobulin Free Light Chains, Serum in addition to this test.

Specimen Requirements:

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Container/Tube: Plastic vial
Preferred: Serum gel
Acceptable: Red top
Specimen Volume: 2 mL total in 2 separate plastic vials, each containing 1 mL
Collection Instructions: Centrifuge and aliquot serum into 2 plastic vials, each containing 1 mL

Forms:

If not ordering electronically, complete, print, and send a Hematopathology/Cytogenetics Test Request (T726) with the specimen.

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®
IGA	Immunoglobulin A (IgA), S	Numeric	mg/dL	2458-8
IGG	Immunoglobulin G (IgG), S	Numeric	mg/dL	2465-3
IGM	Immunoglobulin M (IgM), S	Numeric	mg/dL	2472-9
TMAB	Therapeutic Antibody Administered?	Alphanumeric		98855-0
620875	M-protein GK	Numeric	g/dL	74862-4
620876	M-protein GL	Numeric	g/dL	74863-2
620877	M-protein AK	Numeric	g/dL	74864-0

620878	M-protein AL	Numeric	g/dL	74865-7
620879	M-protein MK	Numeric	g/dL	74866-5
620880	M-protein ML	Numeric	g/dL	74867-3
620881	Glycosylation	Alphanumeric		104267-0
620874	Flag, M-protein Isotype	Alphanumeric		94400-9
621012	QMPTS Interpretation	Alphanumeric		69048-7

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
QMPTS	Quantitative M-protein Isotype, S	1	0077U	Yes	No
IGA	Immunoglobulin A (IgA), S	1	82784	Yes	Yes, (Order IMMG or IGA)
IGM	Immunoglobulin M (IgM), S	1	82784	Yes	Yes, (Order IMMG or IGM)
IGG	Immunoglobulin G (IgG), S	1	82784	Yes	Yes, (Order IMMG or IGG)
TMAB	Therapeutic Antibody Administered?			Yes	No

CPT Code Information:

0077U
82784 x 3

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
IFXED	Immunofixation Delta and Epsilon, S	1	86334	No	Yes
IGD	Immunoglobulin D (IgD), S	1	82784	No	Yes
IGE	Immunoglobulin E (IgE), S	1	82785	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
IGE	IGE	Immunoglobulin E (IgE), S	Numeric	kU/L	19113-0

IGD	IGD	Immunoglobulin D (IgD), S	Numeric	mg/dL	2460-4
IFXED	606458	Immunofixation D and E	Alphanumeric		74665-1
IFXED	606981	Flag, Immunofixation D and E	Alphanumeric		No LOINC Needed

Reference Values:

Monoclonal-protein Isotype Flag:
Negative
Interpretation:
No monoclonal protein detected.

IgG:
0-<5 months: 100-334 mg/dL
5-<9 months: 164-588 mg/dL
9-<15 months: 246-904 mg/dL
15-<24 months: 313-1,170 mg/dL
2-<4 years: 295-1,156 mg/dL
4-<7 years: 386-1,470 mg/dL
7-<10 years: 462-1,682 mg/dL
10-<13 years: 503-1,719 mg/dL
13-<16 years: 509-1,580 mg/dL
16-<18 years: 487-1,327 mg/dL
> or =18 years: 767-1,590 mg/dL

IgA:
0-<5 months: 7-37 mg/dL
5-<9 months: 16-50 mg/dL
9-<15 months: 27-66 mg/dL
15-<24 months: 36-79 mg/dL
2-<4 years: 27-246 mg/dL
4-<7 years: 29-256 mg/dL
7-<10 years: 34-274 mg/dL
10-<13 years: 42-295 mg/dL
13-<16 years: 52-319 mg/dL
16-<18 years: 60-337 mg/dL
> or =18 years: 61-356 mg/dL

IgM:
0-<5 months: 26-122 mg/dL
5-<9 months: 32-132 mg/dL
9-<15 months: 40-143 mg/dL
15-<24 months: 46-152 mg/dL
2-<4 years: 37-184 mg/dL
4-<7 years: 37-224 mg/dL
7-<10 years: 38-251 mg/dL

10-<13 years: 41-255 mg/dL
13-<16 years: 45-244 mg/dL
16-<18 years: 49-201 mg/dL
> or =18 years: 37-286 mg/dL