

**Reporting Title:** Cryo Panel, S and P  
**Performing Location:** Rochester

**Specimen Requirements:**  
Both plasma and serum are required.

**Cryofibrinogen**

**Collection Container/Tube:** Lavender top (EDTA)

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 1 mL

**Collection Instructions:**

1. Tube must remain at 37 degrees C.
2. Centrifuge at 37 degrees C. (**Do not use a refrigerated centrifuge.** If absolutely necessary, ambient temperature is acceptable.) It is very important that the specimen remain at 37 degrees C until after separation of plasma from red blood cells.
3. Place plasma into an appropriately labeled plastic vial.

**Cryoglobulin**

**Collection Container/Tube:** Red top (serum gel/SST are **not acceptable**)

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 5 mL

**Collection Instructions:**

1. Tube must remain at 37 degrees C.
2. Allow blood to clot at 37 degrees C.
3. Centrifuge at 37 degrees C. (**Do not use a refrigerated centrifuge.** If absolutely necessary, ambient temperature is acceptable.) It is very important that the specimen remain at 37 degrees C until after separation of serum from red blood cells.
4. Place serum into an appropriately labeled plastic vial.

**Additional Information:** Analysis cannot be performed with less than 3 mL of serum. Smaller volumes are insufficient to detect clinically important trace (mixed) cryoglobulins. Less than 3 mL will require collection and submission a new specimen.

**Forms:**

If not ordering electronically, complete, print, and send a [Benign Hematology Test Request Form](#) (T755) with the specimen.

| Specimen Type | Temperature              | Time | Special Container |
|---------------|--------------------------|------|-------------------|
| Plasma EDTA   | Refrigerated (preferred) |      |                   |
|               | Frozen                   |      |                   |
| Serum Red     | Refrigerated (preferred) |      |                   |
|               | Frozen                   |      |                   |

**Result Codes:**

| Result ID | Reporting Name    | Type         | Unit | LOINC®  |
|-----------|-------------------|--------------|------|---------|
| 2685      | Cryofibrinogen, P | Alphanumeric |      | 11043-7 |
| 2684      | Cryoglobulin, S   | Alphanumeric | %ppt | 12201-0 |

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 |
|---------|-------------------|-----------|----------|------------------|----------------------|
| CRY_S   | Cryoglobulin, S   | 1         | 82595    | Yes              | Yes                  |
| CRY_P   | Cryofibrinogen, P | 1         | 82585    | Yes              | No                   |

CPT Code Information:

82585

82595

86334-Immunofixation (if appropriate)

Reflex Tests:

| Test Id | Reporting Name              | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|-----------------------------|-----------|----------|------------------|----------------------|
| IMFXC   | Immunofixation Cryoglobulin | 1         | 86334    | No               | No                   |

Result Codes for Reflex Tests:

| Test ID | Result ID | Reporting Name              | Type         | Unit | LOINC®  |
|---------|-----------|-----------------------------|--------------|------|---------|
| IMFXC   | 28265     | Immunofixation Cryoglobulin | Alphanumeric |      | 48638-1 |

Reference Values:

CRYOGLOBULIN

Negative (positives reported as percent or trace amount)

If positive after 1 or 7 days, immunotyping of the cryoprecipitate is performed at an additional charge.

CRYOFIBRINOGEN

Negative

Quantitation and immunotyping will not be performed on positive cryofibrinogen.