

**Reporting Title:** Protein, Total, CSF  
**Performing Location:** Rochester

**Specimen Requirements:**  
**Container/Tube:** Sterile vial  
**Specimen Volume:** 1 mL  
**Collection Instructions:** Centrifuge specimen to remove any cellular material.

**Forms:**  
If not ordering electronically, complete, print, and send a [Renal Diagnostics Test Request](#) (T830) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	72 hours	
	Frozen	180 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
TPSF	Protein, Total, CSF	Numeric	mg/dL	2880-3

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

**Supplemental Report:**  
No

**CPT Code Information:**  
84157

**Reference Values:**  
> or =12 months: 0-35 mg/dL  
Reference values have not been established for patients that are <12 months of age.