



**Reporting Title:** CRMP-5-IgG Western Blot, CSF

**Performing Location:** Rochester

**Additional Testing Requirements:**

It is recommended that PAC1 / Paraneoplastic, Autoantibody Evaluation, Spinal fluid be ordered in conjunction with this test if not previously performed.

**Shipping Instructions:**

Send specimen refrigerated.

**Necessary Information:**

Provide the following information:

- Relevant clinical information
- Ordering provider name, phone number, mailing address, and e-mail address

**Specimen Requirements:**

Container/Tube: Sterile vial

Specimen Volume: 3 mL

**Specimen Minimum Volume:**

2 mL

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
21747	CRMP-5-IgG Western Blot, CSF	Alphanumeric		53707-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**



No

**CPT Code Information:**

84182

**Reference Values:**

Negative