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**Reporting Title:** Multiple Sclerosis Profile**Performing Location:** Rochester**Specimen Requirements:**

Both serum and spinal fluid are required. Spinal fluid must be obtained within 1 week of serum collection.

Specimen Type: Spinal fluid

Container/Tube: Sterile vial

Specimen Volume: 1 mL

Collection Instructions: Label specimen as spinal fluid.

Specimen Type: Serum

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:

1. Centrifuge and aliquot serum into a plastic vial within 2 hours of collection.
2. Label specimen as serum.

**Specimen Minimum Volume:**

Serum, Spinal fluid: 0.5 mL

**Forms:**

If not ordering electronically, complete, print, and send a Neurology Specialty Testing Client Test Request (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Frozen (preferred)	14 days	
	Refrigerated	72 hours	
	Ambient	24 hours	
Serum	Frozen (preferred)	14 days	
	Ambient	14 days	
	Refrigerated	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
KCSFP	Kappa Free Light Chain, CSF <b>Also used by tests: KCSFP</b>	Numeric	mg/dL	48774-4
XSRM	Additional sample for Reflex OLIGS	Alphanumeric		No LOINC Needed

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**Components:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
KCSFP	Kappa Free Light Chain, CSF			Yes	Yes (KCSF)
XSRM	Additional sample for reflex OLIGS			Yes	No

**CPT Code Information:**

83521  
83916 x2 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
OLIGS	Serum Bands			No	Yes (Order OLIG, submit CSF and Serum)
OLIGC	CSF Bands			No	Yes (Order OLIG, submit CSF and Serum)

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**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
OLIGS	2783	Serum Bands	Numeric	bands	100755-8
OLIGC	8017	CSF Bands	Numeric	bands	49852-7
OLIGC	23611	CSF Olig Bands Interpretation	Numeric	bands	100756-6

**Reference Values:****KAPPA FREE LIGHT CHAIN**

Medical decision point: 0.1000 mg/dL

Positive: &gt; or =0.1000 mg/dL

Borderline: 0.0600 mg/dL-0.0999 mg/dL

Negative &lt;0.0600 mg/dL

**OLIGOCLONAL BANDS:**

&lt;2 bands