

Reporting Title: M-Protein Isotype Only, S**Performing Location:** Rochester**Specimen Requirements:**

Patient Preparation: Fasting 12 hours preferred but not required

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container /Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot into a plastic vial.

Specimen Minimum Volume:

See Specimen Required

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?: • No • Unknown • Combination • Daratumumab • Elotuzumab • Isatuximab • Belantamab • Rituximab • Teclistamab • Elranatamab • Talquetamab • Other therapy	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TMAB	Therapeutic Antibody Administered?	Alphanumeric		98855-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
TMAB	Therapeutic Antibody Administered?			Yes	No

CPT Code Information:

0077U

86334 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
IFXED	Immunofixation Delta and Epsilon, S			No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
IFXED	606458	Immunofixation D and E	Alphanumeric		74665-1
IFXED	606981	Flag, Immunofixation D and E	Alphanumeric		No LOINC Needed

Reference Values:

Negative: No monoclonal protein detected.