
Reporting Title: Prot Electrophoresis and Isotype, S
Performing Location: Rochester

Ordering Guidance:

To monitor a patient with an established diagnosis of a monoclonal gammopathy, order TMOGA / Monoclonal Gammopathy, Monitoring, Serum.

Protein electrophoresis alone is not considered an adequate screen for monoclonal gammopathies. When screening a patient or establishing a first-time diagnosis for a monoclonal gammopathy, consider ordering DMOGA / Monoclonal Gammopathy, Diagnostic, Serum instead, which includes free light chain analysis.

Specimen Requirements:

Patient Preparation: Fasting (12 hour) 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 serum into plastic vial.

Specimen Minimum Volume:

0.6 mL

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	
	Ambient	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
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Test ID	Question ID	Description	Type	Reportable
TMAB	TMAB	Therapeutic Antibody Administered?: <ul style="list-style-type: none">• 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
TPE	Total Protein Also used by tests: TPE	Numeric	g/dL	2885-2

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
TPE	Total Protein			Yes	Yes (Order TP)

CPT Code Information:84155
84165
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:**TOTAL PROTEIN**

> or =1 year: 6.3-7.9 g/dL

Reference values have not been established for patients that are younger than 12 months of age.

PROTEIN ELECTROPHORESIS

Albumin: 3.4-4.7 g/dL

Alpha-1-globulin: 0.1-0.3 g/dL

Alpha-2-globulin: 0.6-1.0 g/dL

Beta-globulin: 0.7-1.2 g/dL

Gamma-globulin: 0.6-1.6 g/dL

An interpretive comment is provided with the report.

Reference values have not been established for patients that are younger than 16 years of age.

M-PROTEIN ISOTYPE MALDI-TOF MS, S

No monoclonal protein detected

M-PROTEIN ISOTYPE MALDI-TOF MS FLAG

Negative