
Reporting Title: Monoclonal Gammopathy Diagnostic, S
Performing Location: Rochester

Ordering Guidance:

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

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: 2 mL

Collection Instructions: Centrifuge and aliquot into a plastic vial.

Specimen Minimum Volume:

1.5 mL

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

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
KFLCS	Kappa Free Light Chain, S Also used by tests: KFLCS	Numeric	mg/dL	36916-5
LFLCS	Lambda Free Light Chain, S Also used by tests: LFLCS	Numeric	mg/dL	33944-0
KLRS	Kappa/Lambda FLC Ratio Also used by tests: KLRS	Numeric		48378-4

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

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
TPE	Total Protein			Yes	Yes (Order TP)
KFLCS	Kappa Free Light Chain, S			Yes	Yes (Order FLCS)
LFLCS	Lambda Free Light Chain, S			Yes	Yes (Order FLCS)
KLRS	Kappa/Lambda FLC Ratio			Yes	Yes (Order FLCS)

CPT Code Information:

83521 x 2
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

No monoclonal protein detected

M-protein Isotype MALDI-TOF MS Flag

Negative

KAPPA-FREE LIGHT CHAIN

0.33-1.94 mg/dL

LAMBDA-FREE LIGHT CHAIN

0.57-2.63 mg/dL

KAPPA/LAMBDA-FREE LIGHT-CHAIN RATIO

0.26-1.65