

**Reporting Title:** Monoclonal Gammopathy Monitor, S**Performing Location:** Rochester**Ordering Guidance:**

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:**

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 Required

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:**

0.5 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"> <li>• No</li> <li>• Unknown</li> <li>• Combination</li> <li>• Daratumumab</li> <li>• Elotuzumab</li> <li>• Isatuximab</li> <li>• Belantamab</li> <li>• Rituximab</li> <li>• Teclistamab</li> <li>• Elranatamab</li> <li>• Talquetamab</li> <li>• Other therapy</li> </ul>	Answer List	Yes

## Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TMAB	Therapeutic Antibody Administered?	Alphanumeric		98855-0
TPE	Total Protein <b>Also used by tests: TPE</b>	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 (if appropriate)  
 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 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.

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