



Reporting Title: CRMP-5-IgG Western Blot, S

Performing Location: Rochester

Additional Testing Requirements:

It is recommended that PAVAL / Paraneoplastic, Autoantibody Evaluation, Serum be ordered in conjunction with this test if not previously performed.

Necessary Information:

Provide the following information:

- Relevant clinical information
- Ordering provider name, phone number, mailing address, and e-mail address

Specimen Requirements:

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 1.5 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

1 mL

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
83107	CRMP-5-IgG Western Blot, S	Alphanumeric		47401-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No



CPT Code Information:

84182

Reference Values:

Negative