

Reporting Title: Cryo Panel, S and P**Performing Location:** Rochester**Specimen Requirements:**

Both plasma and serum are required.

Cryofibrinogen

Collection Container/Tube: Lavender top (EDTA)

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:

1. Tube must remain at 37 degrees C.
2. Centrifuge at 37 degrees C. (Do not use a refrigerated centrifuge. If absolutely necessary, ambient temperature is acceptable.) It is very important that the specimen remain at 37 degrees C until after separation of plasma from red blood cells.
3. Place plasma into an appropriately labeled plastic vial.

Cryoglobulin

Collection Container/Tube: Red top (serum gel/SST are not acceptable)

Submission Container/Tube: Plastic vial

Specimen Volume: 5 mL

Collection Instructions:

1. Tube must remain at 37 degrees C.
2. Allow blood to clot at 37 degrees C.
3. Centrifuge at 37 degrees C. (Do not use a refrigerated centrifuge. If absolutely necessary, ambient temperature is acceptable.) It is very important that the specimen remain at 37 degrees C until after separation of serum from red blood cells.
4. Place serum into an appropriately labeled plastic vial.

Additional Information: Analysis cannot be performed with less than 3 mL of serum. Smaller volumes are insufficient to detect clinically important trace (mixed) cryoglobulins. Less than 3 mL will require collection and submission a new specimen.

Specimen Minimum Volume:

Plasma: 0.5 mL

Serum: 3 mL

Forms:

If not ordering electronically, complete, print, and send a Benign Hematology Test Request Form (T755) with the specimen.

Specimen Type	Temperature	Time	Special Container
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Plasma EDTA	Refrigerated (preferred)	
	Frozen	
Serum Red	Refrigerated (preferred)	
	Frozen	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
2684	Cryoglobulin, S Also used by tests: CRY_S	Alphanumeric	%ppt	12201-0
2685	Cryofibrinogen, P	Alphanumeric		11043-7

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
CRY_S	Cryoglobulin, S			Yes	Yes
CRY_P	Cryofibrinogen, P			Yes	No

CPT Code Information:

82585
82595
86334-Immunofixation (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
IMFXC	Immunofixation Cryoglobulin			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
IMFXC	28265	Immunofixation Cryoglobulin	Alphanumeric		48638-1

Reference Values:**CRYOGLOBULIN**

Negative (positives reported as percent or trace amount)

If positive after 1 or 7 days, immunotyping of the cryoprecipitate is performed at an additional charge.

CRYOFIBRINOGEN

Negative

Quantitation and immunotyping will not be performed on positive cryofibrinogen.