

Reporting Title: Protein, Total, S**Performing Location:** Rochester**Necessary Information:**

Patient's age and sex are required.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

1. Serum gel tubes should be centrifuged within 2 hours of collection.
2. Red-top tubes should be centrifuged, and the serum aliquoted into a plastic vial within 2 hours of collection.

Specimen Minimum Volume:

0.25 mL

Forms:

If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	180 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TP	Protein, Total, S Also used by tests: LIVPR	Numeric	g/dL	2885-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

84155

Reference Values:

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

Reference values have not been established for patients who are <12 months of age.