

Reporting Title: Protein, Total, CSF**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube: Sterile vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge specimen to remove any cellular material.

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
CSF	Refrigerated (preferred)	72 hours	
	Frozen	180 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TPSF	Protein, Total, CSF	Numeric	mg/dL	2880-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

84157

Reference Values:

> or =12 months: 0-35 mg/dL

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