

Reporting Title: Electrophoresis, Protein, 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 and isotyping by matrix-assisted laser desorption/ionization-time of flight mass spectrometry (MALDI-TOF MS).

If free light chain testing has already been performed locally, PEISO / Protein Electrophoresis and Isotype, Serum may be ordered instead of DMOGA / Monoclonal Gammopathy, Diagnostic, Serum for a first-time diagnosis.

For monitoring patients with a diagnosis of monoclonal gammopathy, order TMOGA / Monoclonal Gammopathy, Monitoring, Serum.

Necessary Information:

Indicate if multiple myeloma is suspected.

Specimen Requirements:

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

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-General Request (T239)

-Renal Diagnostics Test Request (T830)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	

	Frozen	14 days	
	Ambient	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TPE	Total Protein Also used by tests: TPE	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
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:

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

Reference values have not been established for patients that are 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 with the report.

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