## Serum Protein Electrophoresis Reflex Immunotyping

84165

NRLS-Core Chemistry

CPT Code(s)

**Lab Section** 

Order Name: **SPEIMPRN**Revision Date: 02/10/2017

TEST NAME			METHODOLOGY	LOINC CODE
Serum Protein Electrophoresis Reflex Immunotyping				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	5 mL (4 mL)	Serum	Serum Gel Tube	Refrigerated
Instructions	Draw blood in a serum gel tube(s).			
	Centrifuge clotted blood specimen within 2 hours of collection.  Send 5 mL (minimum volume: 4 mL) of serum refrigerated.  Note: Label specimen with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of draw, collector initials, and test(s) being ordered.			
Reference Range An interpretive report will be provided.				
	·	ermines if immunotyping is indicated and or	ders immunotyping by either	
immunosubtraction or immunofixation if indicated.				
Methodology	Electrophoresis			
GENERAL INFORMATION				
Testing Schedule	Monday, Thursday			
resulty scriedule	worlday, Thursday			