

Overview

Method Name

Quantitative Immunoturbidimetry

NY State Available

Yes

Specimen

Specimen Type

CSF

Specimen Required**Specimen Type:** Spinal Fluid**Source:** CSF**Container/Tube:** Sterile container**Specimen Volume:** 1 mL**Collection Instructions:** Submit 1 mL of spinal fluid (CSF), centrifuge and separate to remove cellular material. Send refrigerate in a plastic vial.**Specimen Minimum Volume**

0.6 mL

Reject Due To

Hemolysis:	Mild reject; Gross reject
Thawing:	Warm reject; Cold OK
Lipemia:	NA
Icterus:	NA
Other:	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	30 days	
	Frozen	180 days	

Clinical & Interpretive

Reference Values

Immunoglobulin M CSF (0.0 - 0.7) mg/dL
Immunoglobulin G CSF (0.0 - 6.0) mg/dL
Immunoglobulin A CSF (0.0 - 0.7) mg/dL

Performance**PDF Report**

No

Day(s) Performed

Wednesday, Saturday

Report Available

1 to 13 days

Performing Laboratory Location

ARUP Laboratories

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

CPT Code Information

82784-Immunoglobulin IgA
82784-Immunoglobulin IgG
82784-Immunoglobulin IgM

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FIMMC	Immunoglobulins, CSF Quantitative	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z2771	Immunoglobulin M CSF	2471-1
Z2772	Immunoglobulin G CSF	2464-6
Z2773	Immunoglobulin A CSF	2457-0