

Overview

Method Name

Immunofixation Electrophoresis

NY State Available

Yes

Specimen

Specimen Type

CSF

Specimen Required**Specimen Type:** CSF**Container/Tube:** sterile screw cap container**Specimen Volume:** 3 mL**Collection Instructions:** Collect 3 mL of spinal fluid (CSF) in a sterile screw cap container. Ship refrigerated.**Reject Due To**

Hemolysis NA

Lipemia NA

Icterus NA

Other

Specimen Minimum Volume

1.5 mL

Specimen Stability Information

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

Clinical & Interpretive**Reference Values**

No abnormal bands are present on immunofixation.

Performance**PDF Report**

Referral

Performing Laboratory Location

Quest Diagnostics Nichols Institute

Fees & Codes**Test Classification****CPT Code Information**

86335

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FIXCF	Immunofixation, CSF	13174-8

Result ID	Reporting Name	LOINC®
FIXCF	Immunofixation, CSF	13174-8