
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.**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	

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.