



Test Definition: MSP3

Multiple Sclerosis (MS) Cascade, Serum and Spinal Fluid

Reporting Title: Multiple Sclerosis Cascade

Performing Location: Mayo Clinic Laboratories - Rochester Superior Drive

Specimen Requirements:

Both serum and spinal fluid are required. Spinal fluid must be obtained within 1 week of serum collection.

Specimen Type: Spinal fluid

Container/Tube: Sterile vial

Specimen Volume: 1 mL

Collection Instructions:

1. Submit CSF from collection vial no. 4.(preferred); vial no. 1, 3, 2 are also acceptable (in this order).
2. Label specimen as spinal fluid.

Specimen Type: Serum

Supplies: Sarstedt Aliquot Tube 5 mL (T914)

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:

1. Within 2 hours of collection, centrifuge and aliquot serum into a plastic vial.
2. Label specimen as serum.

Forms:

If not ordering electronically, complete, print, and send a [Neurology Specialty Testing Client Test Request](#) (T732) with the specimen.

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------|----------|-------------------|
| CSF | Frozen (preferred) | 14 days | |
| | Ambient | 24 hours | |
| | Refrigerated | 72 hours | |
| Serum | Frozen (preferred) | 14 days | |
| | Ambient | 14 days | |
| | Refrigerated | 14 days | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------------------|--------------|-------|-----------------|
| KCSFP | Kappa Free Light Chain, CSF | Numeric | mg/dL | 48774-4 |
| XSRM | Additional sample for Reflex OLIGS | Alphanumeric | | No LOINC Needed |

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

| Test Id | Reporting Name | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|------------------------------------|-----------|----------|------------------|----------------------|
| KCSFP | Kappa Free Light Chain, CSF | 1 | 83521 | Yes | Yes, (KCSF) |
| XSRM | Additional sample for reflex OLIGS | | | Yes | No |

CPT Code Information:

83521

83916 x2 (if appropriate)

Reflex Tests:

| Test Id | Reporting Name | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|----------------|-----------|----------|------------------|---|
| OLIGS | Serum Bands | 1 | 83916 | No | Yes, (Order OLIG, submit CSF and Serum) |
| OLIGC | CSF Bands | 1 | 83916 | No | Yes, (Order OLIG, submit CSF and Serum) |

Result Codes for Reflex Tests:

| Test ID | Result ID | Reporting Name | Type | Unit | LOINC® |
|---------|-----------|-------------------------------|---------|-------|----------|
| OLIGC | 8017 | CSF Bands | Numeric | bands | 49852-7 |
| OLIGC | 23611 | CSF Olig Bands Interpretation | Numeric | bands | 100756-6 |
| OLIGS | 2783 | Serum Bands | Numeric | bands | 100755-8 |

Reference Values:

KAPPA FREE LIGHT CHAIN

Medical decision point: 0.1000 mg/dL

Positive: > or =0.1000 mg/dL

Borderline: 0.0600 mg/dL-0.0999 mg/dL

Negative <0.0600 mg/dL

OLIGOCLONAL BANDS:

<2 bands