

**Reporting Title:** Protein, Total, S  
**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus

**Necessary Information:**  
Patient's age and sex are required.

**Specimen Requirements:**  
**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 0.5 mL  
**Collection Instructions:**

- 1. Serum gel tubes should be centrifuged within 2 hours of collection.
- 2. Red-top tubes should be centrifuged, and the serum aliquoted into a plastic vial within 2 hours of collection.

**Forms:**  
If not ordering electronically, complete, print, and send a [Renal Diagnostics Test Request](#) (T830) with the specimen.

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
TP	Protein, Total, S	Numeric	g/dL	2885-2

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

**Supplemental Report:**  
No

**CPT Code Information:**  
84155

**Reference Values:**  
> or =1 year: 6.3-7.9 g/dL  
Reference values have not been established for patients who are <12 months of age.