Overview

Useful For
Identification of monoclonal immunoglobulin heavy and light chains

Documentation of complete response to therapy

Method Name
Immunofixation

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required

Patient Preparation: Fasting

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 1 mL

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

Specimen Minimum Volume
1 mL

Reject Due To

<table>
<thead>
<tr>
<th>Condition</th>
<th>Status</th>
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<tbody>
<tr>
<td>Gross hemolysis</td>
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</tr>
<tr>
<td>Gross lipemia</td>
<td>OK</td>
</tr>
<tr>
<td>Gross icterus</td>
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</table>

Specimen Stability Information

<table>
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<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
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<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
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Clinical and Interpretive

Clinical Information
Monoclonal gammopathies indicate a clonal expansion of plasma cells or mature B lymphocytes. The monoclonal gammopathies include diseases such as multiple myeloma, Waldenstrom macroglobulinemia, lymphoproliferative disease, primary systemic amyloidosis, light-chain deposition disease, as well as the premalignant disorders of smoldering myeloma and monoclonal gammopathy of undetermined significance (MGUS). Monoclonal gammopathy patients may have a relatively small monoclonal protein abnormality or a large quantifiable peak (M-spike) on serum or urine protein electrophoresis. Abnormalities detected on serum protein electrophoresis (SPEP) should be immunotyped to confirm and characterize the monoclonal protein. Immunotyping of monoclonal proteins is usually done by immunofixation electrophoresis (IFE) and identifies the monoclonal immunoglobulin heavy-chain (gamma, alpha, mu, delta, or epsilon) and/or light-chain type (kappa or lambda). It is generally recommended that both SPEP and IFE be used as a screening panel. Because IFE is more sensitive than SPEP, IFE is not only recommended as part of the initial screening process but also for confirmation of complete response to therapy.

Reference Values
No monoclonal protein detected

Interpretation
Immunofixation impression comments are made based on visual interpretation of gels.

Cautions
Immunofixation is not a quantitative assay. If a monoclonal protein is identified, a serum protein electrophoresis assay is required for quantifying the abnormality.

Clinical Reference

Performance

Method Description

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Friday; 2 p.m.

Analytic Time
2 days
Maximum Laboratory Time
4 days

Specimen Retention Time
14 days

Performing Laboratory Location
Rochester

Fees and 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.

Test Classification
This test has been cleared or approved by the U.S. Food and Drug Administration and is used per manufacturer’s instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information
86334

LOINC® Information

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<table>
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