Overview

Useful For
Detection of spinal fluid in body fluids, such as ear or nasal fluid

Method Name
Electrophoresis/Immunofixation

NY State Available
Yes

Specimen

Specimen Type
Body Fluid

Additional Testing Requirements
If specimens are collected from multiple sites on the body (ie, left and right), each specimen must be sent under a separate order.

Necessary Information
Indicate specimen source. Include whether the source is from the right or left side of the body, if applicable.

Specimen Required

Specimen Type: Body fluid

Sources: Nasal, otic, wound, etc

Container/Tube:

Preferred: Sterile container, syringe, test tube, or microtube

Acceptable: Plain cotton swab or gauze

Specimen Volume: 0.5 mL

Collection Instructions:

1. If submitting a syringe, remove needle. Add cap to end of syringe.

2. If direct collection is not feasible, specimen may be collected using a plain cotton swab or gauze.

3. If gauze is used to collect specimen, circle area on the gauze where specimen was collected.

4. Place cotton swab or gauze in as small a container as possible (eg, plain test tube or collection container).

5. Do not collect specimen with a culture swab.

6. Do not add any liquid to the swab or gauze.
Additional Information:

1. Samples collected from above the shoulders risk salivary contamination, which can degrade the beta-2 transferrin protein. **These samples should be frozen immediately** following collection and kept frozen until testing is performed.

2. Although results may be obtainable on smaller specimens (perhaps as little as 0.05 mL, depending on the protein concentrations and percentage of spinal fluid in the specimen), reliable results are best obtained with an adequate specimen volume.

3. Samples collected with additives such as microbiology media (eg, Stuart or Amies liquid medium) or TransFix/EDTA (used for analyses in flow cytometry) yield uninterpretable results and will be rejected.

**Specimen Minimum Volume**

0.5 mL

**Specimen Stability Information**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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</thead>
<tbody>
<tr>
<td>Body Fluid</td>
<td>Frozen (preferred)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ambient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</table>

**Clinical and Interpretive**

**Clinical Information**

The diagnosis of cerebrospinal fluid (CSF) rhinorrhea or otorrhea (leakage of CSF into the nose or ear canal, usually as a result of head trauma, tumor, congenital malformation, or surgery) is often difficult to confirm. Traditional chemical analyses (eg, glucose, protein, specific gravity) are unreliable. Radiographic studies, especially those involving the injection of dyes or radiographic compounds, are costly and may introduce additional risks to the patient.

Transferrin that migrates in the beta-1 electrophoretic fraction (beta-1 transferrin) is found in most body fluids. Beta-2 transferrin is a CSF-specific variant of transferrin and is used as an endogenous marker of CSF leakage. Beta-2 transferrin is formed by loss of sialic acid due to the presence of neuraminidase in the central nervous system. Beta-2 transferrin has also been called CSF-specific transferrin and tau protein.

Prompt diagnosis and localization facilitates appropriate decisions and decreases the risk of meningitis.

**Reference Values**

Negative, no beta-2 transferrin (spinal fluid) detected

**Interpretation**

The cerebrospinal fluid (CSF) variant of transferrin is identified by its unique electrophoretic migration. If beta-1 and beta-2 transferrin are detected in drainage fluids, the specimen is presumed to be contaminated with CSF.

The presence of beta-2 transferrin band is detectable with as little as 2.5% spinal fluid contamination of body fluid.
Cautions
Beta-2 transferrin is also found in aqueous humor and in serum of patients with rare metabolic glycoprotein disorders or genetic variants of transferrin.

Samples stored in storage tubes with TransFix/EDTA (used for analyses in flow cytometry) are not acceptable. The contact of cerebrospinal fluid (CSF) with the stabilization solution contained in these tubes changes the migration and the result is not interpretable.

Supportive Data
Mayo studies comparing this immunoenzyme detection method to our previous immunofixation-silver stain method indicate that the immunoenzyme method is 10-fold more sensitive, as well as faster to perform (2.5 hours versus 4.5 hours).

Clinical Reference

Performance

Method Description

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Friday; 1 p.m.

Analytic Time
1 day

Maximum Laboratory Time
3 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 was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

86335

LOINC® Information

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<td>Beta-2 Transferrin, BF</td>
<td>13876-8</td>
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