

Overview
Useful For

Detecting or monitoring of monoclonal gammopathies and immune deficiencies

Testing Algorithm

See [Celiac Disease Diagnostic Testing Algorithm](#) in Special Instructions

Special Instructions

- [Celiac Disease Diagnostic Testing Algorithm](#)

Method Name

Nephelometry

NY State Available

Yes

Specimen
Specimen Type

Serum

Specimen Required
Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 1 mL

Forms

If not ordering electronically, complete, print, and send a [Gastroenterology and Hepatology Client Test Request](#) (T728) with the specimen.

Specimen Minimum Volume

0.5 mL

Reject Due To

Gross hemolysis	OK
Gross lipemia	Reject
Gross icterus	OK

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	

Specimen Type	Temperature	Time	Special Container
	Frozen	28 days	
	Ambient	14 days	

Clinical and Interpretive

Clinical Information

The gamma globulin band as seen in conventional serum protein electrophoresis consists of 5 immunoglobulins. In normal serum, about 80% is immunoglobulin G (IgG), 15% is immunoglobulin A (IgA), 5% is immunoglobulin M (IgM), 0.2% is immunoglobulin D (IgD), and a trace is immunoglobulin E (IgE).

Elevations of IgG, IgA, and IgM may be due to polyclonal immunoglobulin production.

Monoclonal gammopathies of all types may lead to a spike in the gamma globulin zone seen on serum protein electrophoresis. Monoclonal elevations of IgG, IgA, IgD, and IgE characterize multiple myeloma. Monoclonal elevations of IgM occur in macroglobulinemia.

Decreased immunoglobulin levels are found in patients with congenital deficiencies.

Reference Values

IgG

0-<5 months: 100-334 mg/dL

5-<9 months: 164-588 mg/dL

9-<15 months: 246-904 mg/dL

15-<24 months: 313-1,170 mg/dL

2-<4 years: 295-1,156 mg/dL

4-<7 years: 386-1,470 mg/dL

7-<10 years: 462-1,682 mg/dL

10-<13 years: 503-1,719 mg/dL

13-<16 years: 509-1,580 mg/dL

16-<18 years: 487-1,327 mg/dL

> or =18 years: 767-1,590 mg/dL

IgA

0-<5 months: 7-37 mg/dL

5-<9 months: 16-50 mg/dL

9-<15 months: 27-66 mg/dL

15-<24 months: 36-79 mg/dL

2-<4 years: 27-246 mg/dL

4-<7 years: 29-256 mg/dL

7-<10 years: 34-274 mg/dL

10-<13 years: 42-295 mg/dL

13-<16 years: 52-319 mg/dL

16-<18 years: 60-337 mg/dL

> or =18 years: 61-356 mg/dL

IgM

0-<5 months: 26-122 mg/dL

5-<9 months: 32-132 mg/dL

9-<15 months: 40-143 mg/dL

15-<24 months: 46-152 mg/dL

2-<4 years: 37-184 mg/dL

4-<7 years: 37-224 mg/dL

7-<10 years: 38-251 mg/dL

10-<13 years: 41-255 mg/dL

13-<16 years: 45-244 mg/dL

16-<18 years: 49-201 mg/dL

> or =18 years: 37-286 mg/dL

Interpretation

Increased serum immunoglobulin concentrations occur due to polyclonal or oligoclonal immunoglobulin proliferation in hepatic disease (hepatitis, liver cirrhosis), connective tissue diseases, acute and chronic infections, as well as in the cord blood of neonates with intrauterine and perinatal infections.

Elevations of immunoglobulin G (IgG), immunoglobulin A (IgA), or immunoglobulin M (IgM) may occur in monoclonal gammopathies such as multiple myeloma (IgG, IgA), macroglobulinemia (IgM), primary systemic amyloidosis, monoclonal gammopathy of undetermined significance, and related disorders.

Decreased levels are found in patients with primary or secondary immune deficiencies.

Cautions

Electrophoresis is usually required to interpret an elevated immunoglobulin class as polyclonal versus monoclonal. Immunofixation is usually required to characterize a monoclonal protein.

If there is a discrete M-peak, the monoclonal protein can be monitored with quantitative immunoglobulins. If immunoglobulin quantitation is used to monitor the size of a monoclonal protein that is contained in a background of polyclonal immunoglobulins, changes in the immunoglobulin quantitation may reflect changes in the background immunoglobulins. In these situations, serum protein electrophoresis should therefore be used to monitor the monoclonal protein.

Clinical Reference

1. Webster ADB: Laboratory Investigation of primary deficiency of the lymphoid system. In Clinics in Immunology and Allergy. Vol 5. Third edition. Philadelphia, WB Saunders Company, 1985, pp 447-468
2. Pinching AJ: Laboratory investigation of secondary immunodeficiency. In Clinics in Immunology and Allergy. Vol.5. Third edition. Philadelphia, WB Saunders Company, 1985, pp 469-490
3. Dispenzieri A, Gertz MA, Kyle RA: Distribution of diseases associated with moderate polyclonal gammopathy in patients seen at Mayo Clinic during 1991. Blood 1997;90:353
4. Kyle RA, Greipp PR: The laboratory investigation of monoclonal gammopathies. Mayo Clin Proc 1978;53:719-739
5. Ballou M, O'Neil KM: Approach to the patient with recurrent infections. In Allergy: Principles and Practice. Vol 2. Fourth edition. Edited by E Middleton Jr, CE Reed, EF Ellis, et al. St. Louis, MO, Mosby-Year Book, Inc, 1993, pp 1027-1058
6. Kyle RA: Detection of quantitation of monoclonal proteins. Clin Immunol Newsletter 1990;10:84-86

Performance

Method Description

In this Siemens Nephelometer II method, the light scattered onto the antigen-antibody complexes is measured. The intensity of the measured scattered light is proportional to the amount of antigen-antibody complexes in the sample under certain conditions. If the antibody volume is kept constant, the signal behaves proportionally to the antigen volume.

A reference curve is generated by a standard with a known antigen content on which the scattered light signals of the samples can be evaluated and calculated as an antigen concentration. Antigen-antibody complexes are formed when a sample containing antigen and the corresponding antiserum are put into a cuvette. A light beam is generated with a light emitting diode (LED), which is transmitted through the cuvette. The light is scattered onto the immuno-complexes that are present. Antigen and antibody are mixed in the initial measurement, but no complex is formed yet. An antigen-antibody complex is formed in the final measurement.

The result is calculated by subtracting value of the final measurement from the initial measurement. The distribution of intensity of the scattered light depends on the ratio of the particle size of the antigen-antibody complexes to the radiated wavelength. (Unpublished Mayo method; instruction manual: Siemens Nephelometer II, Siemens, Inc, Newark, DE, Version 3, 2008)

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

1 to 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 has been cleared, approved, or is exempt by the US 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

82784 x 3

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
IMMG	Immunoglobulins IgG,A,M, S	34550-4

Result ID	Test Result Name	Result LOINC Value
IGA	Immunoglobulin A (IgA), S	2458-8
IGM	Immunoglobulin M (IgM), S	2472-9
IGG	Immunoglobulin G (IgG), S	2465-3