MAYO CLINIC LABORATORIES

NEW TEST

Notification Date: February 11,2025
Effective Date: March 18, 2025

Neurofilament Light Chain, Plasma

Test ID: NFLP

Useful for:
Assessing neuronal damage related to various neurodegenerative diseases.

Methods:
Chemiluminescent Enzyme Immunoassay

Reference Values:
<2.5 years: < or =12.8 pg/mL
2.5 to 4 years: < or =11.8 pg/mL
5 to 9 years: < or =10.4 pg/mL
10 to 14 years: < or =8.8 pg/mL
15 to 19 years: < or =9.2 pg/mL
20 to 24 years: < or =10.4 pg/mL
25 to 29 years: < or =11.9 pg/mL
30 to 34 years: < or =13.5 pg/mL
35 to 39 years: < or =15.3 pg/mL
40 to 44 years: < or =17.3 pg/mL
45 to 49 years: < or =19.7 pg/mL
50 to 54 years: < or =22.4 pg/mL
55 to 59 years: < or =25.4 pg/mL
60 to 64 years: < or =28.8 pg/mL
65 to 69 years: < or =32.7 pg/mL
70 to 74 years: < or =37.1 pg/mL
75 to 79 years: < or =42.1 pg/mL
80 to 84 years: < or = 47.8 pg/mL
> or =85 years: < or =54.3 pg/mL

Specimen Requirements:

Supplies	Sarstedt Aliquot Tube, 5 mL (T914)
Container/Tube:	
Preferred:	Lavender top (EDTA)
Acceptable:	None
Specimen Volume:	0.6 mL
Collection Instructions:	Centrifuge and aliquot plasma into a plastic vial. **Do not submit specimen in original tube.**
Minimum Volume:	0.5 mL

Specimen Stability Information:

Specimen Type	Temperature	Time
EDTA Plasma	Refrigerated (preferred)	14 days
	Ambient	7 days
	Frozen	90 days

Cautions:

Increases in neurofilament light chain (NfL) are not disease specific. Results should only be used in conjunction with other clinical information when evaluating patients with neurodegeneration.

Higher concentrations of NfL may be found in persons with history of stroke, atrial fibrillation, myocardial infarction, chronic kidney disease, pregnancy, and diabetes.

Lower concentrations of NfL may be found in individuals with a body mass index of 30 or more.

Neurofilament light chain concentrations obtained with different methods may be different and cannot be used interchangeably.

All immunometric assays can, on rare occasions, be subject to a hooking effect at extremely high analyte concentrations (false-low results), heterophilic antibody interference (false-high results), or autoantibody interference (unpredictable effects). If the laboratory result does not fit the clinical picture, these possibilities should be considered.

In rare cases, some individuals can develop antibodies to mouse or other animal antibodies (often referred to as human anti-mouse antibodies [HAMA] or heterophile antibodies), which may cause interference in some immunoassays. Caution should be used in interpretation of results and the laboratory should be alerted if the result does not correlate with the clinical presentation.

CPT Code:
83884

Day(s) Performed: Monday through Friday

Report Available: 1 to 3 days

Questions

Contact Bethany Feind, Laboratory Resource Coordinator at 800-533-1710.