# **Protein Electrophoresis, with Total Protein and Reflex to IFE, Serum**

CPT Code: 84155, 84165 Order Code: 10269 Includes: Total Protein, Albumin, Alpha-1 Globulin, Alpha-2 Globulin, Beta-1 Globulin, Beta-2 Globulin, Gamma Globulin, Abnormal Protein Band 1 (if present), Abnormal Protein Band 2 (if present), Abnormal Protein Band 3 (if present), Immunofixation (IFE) (if reflexed) ABN Requirement: No Specimen: Serum Volume: 4.0 mL Minimum Volume: 2.0 mL

**Container:** Gel-barrier tube (SST, Tiger Top)

### Collection:

- 1. Collect and label sample according to standard protocols.
- 2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
- 3. Allow blood to clot 30 minutes.
- 4. Centrifuge for 10 minutes.

**Special Information:** If abnormal banding is detected, Immunofixation (IFE) will be performed at an additional charge (CPT code 86334).

Fasting: Overnight fasting is preferred

**Transport:** Store serum at 2°C to 8°C after collection and ship the same day per packaging instructions included with the provided shipping box.

#### **Stability:**

Ambient (15-25°C): 4 days Refrigerated (2-8°C): 7 days Frozen (-20°C): 28 days

**Causes for Rejection**: grossly hemolyzed specimens; grossly lipemic specimens; plasma, grossly icteric

Methodology: Capillary Zone Electrophoresis (CZE), Spectrophotometry (SP)

Turn Around Time: 3 to 7 days

**Reference Range**:

## **Protein, Total, Serum:**

## **Protein Electrophoresis:**

**Clinical Significance:** Serum protein electrophoresis (SPE) is an analytical technique that provides separation of serum protein into six fractions: Albumin, Alpha-1, Alpha-2, Beta-1, Beta-2, and Gamma. Interpretation of elevation, decreased, or visual change in different fractions can be used as a diagnostic aid for a variety of different disease states and protein abnormalities, including monoclonal gammopathies (MG).

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.