

**Overview****Method Name**

Quantitative Immunoturbidimetry

**NY State Available**

Yes

**Specimen****Specimen Type**

CSF

**Specimen Required****Collection Container/Tube:** Leak-proof container**Submission Container/Tube:** Sterile vial**Specimen Volume:** 1 mL**Collection Instructions:**

1. Centrifuge spinal fluid to remove cellular material.
2. Transfer 1 mL into a plastic vial.
3. Send refrigerated.

**Specimen Minimum Volume**

0.6 mL

**Reject Due To**

Hemolysis:	Reject
Thawing:	Cold OK; Warm reject
Grossly bloody	Reject

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	30 days	
	Frozen	180 days	

**Clinical & Interpretive****Clinical Information**

Refer to <https://ltd.aruplab.com/>

**Reference Values**

Immunoglobulin M CSF: 0.0-0.7 mg/dL

Immunoglobulin G CSF: 0.0-6.0) mg/dL

Immunoglobulin A CSF: 0.0-0.7 mg/dL

**Performance****PDF Report**

No

**Day(s) Performed**

Wednesday, Saturday

**Report Available**

1 to 13 days

**Performing Laboratory Location**

ARUP Laboratories

**Fees & 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 account representative. For assistance, contact [Customer Service](#).

**CPT Code Information**

82784 x3

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FIMMC	Immunoglobulins, CSF Quantitative	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z2771	Immunoglobulin M CSF	2471-1
Z2772	Immunoglobulin G CSF	2464-6
Z2773	Immunoglobulin A CSF	2457-0