

Overview

Useful For

Assessment of blood-brain barrier permeability

Highlights

This test enables quantification of albumin concentration in spinal fluid by nephelometry. A standalone spinal fluid albumin concentration has limited clinical utility; it may provide a general assessment of intactness of the blood-brain barrier.

Method Name

Nephelometry

NY State Available

Yes

Specimen

Specimen Type

CSF

Ordering Guidance

The SFIG / Cerebrospinal Fluid IgG Index Profile, Serum and Spinal Fluid, in conjunction with OLIG / Oligoclonal Banding, Serum and Spinal Fluid is the recommended test for evaluation of multiple sclerosis.

Specimen Required

Specimen Type: Spinal fluid

Container/Tube: Sterile vial

Specimen Volume: 1 mL

Collection Instructions: Label specimen as spinal fluid.

Specimen Minimum Volume

0.5 mL

Reject Due To

Gross hemolysis	OK
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Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
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CSF	Ambient	14 days	
	Refrigerated (preferred)	28 days	
	Frozen	28 days	

Clinical & Interpretive

Clinical Information

Elevated albumin concentration in spinal fluid may serve as an indicator of the permeability status of the blood-brain barrier. Comparison to an ALB / Albumin, Serum concentration is recommended.

Reference Values

0.0-27.0 mg/dL

Interpretation

Elevated albumin concentrations may be observed in patients with a compromised blood-brain barrier.

Cautions

Cerebrospinal fluid albumin has limited utility as a standalone test.

Clinical Reference

Schliep G, Felgenhauer K. Serum-CSF protein gradients, the blood-CSF barrier and the local immune response. *J Neurol.* 1978;218(2):77-96

Performance

Method Description

The cerebrospinal fluid albumin is determined by immunonephelometry on a Siemens Nephelometer II. In this assay, 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, 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 yet formed. An antigen-antibody complex is formed in the final measurement. The result is calculated by subtracting the 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. (Instruction manual: Siemens Nephelometer II. Siemens, Inc; Version 2.3, 2008; Addendum to the Instruction Manual 2.3, 08/2017)

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

1 to 3 days

Specimen Retention Time

2 weeks

Performing Laboratory Location

Rochester

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](#).

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

82042

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
ALBSF	Albumin, CSF	1746-7

Result ID	Test Result Name	Result LOINC® Value
ALBSF	Albumin, CSF	1746-7