

**Overview****Method Name**

Immunofixation Electrophoresis

**NY State Available**

Yes

**Specimen****Specimen Type**

CSF

**Specimen Required****Specimen Type:** CSF**Container/Tube:** sterile screw cap container**Specimen Volume:** 6 mL**Collection Instructions:** Collect 6 mL of spinal fluid (CSF) in a sterile screw cap container. Ship frozen.**Specimen Minimum Volume**

4.5 mL

**Reject Due To****Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
CSF	Frozen (preferred)	30 days	
	Ambient	6 days	
	Refrigerated	10 days	

**Clinical & Interpretive****Reference Values**

No abnormal bands are present on immunofixation.

**Performance**

**PDF Report**

Referral

**Day(s) Performed**

Sunday through Friday

**Report Available**

5 to 9 days

**Performing Laboratory Location**

Quest Diagnostics Nichols Institute

**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**

86335

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FIXCF	Immunofixation, CSF	13174-8

Result ID	Test Result Name	Result LOINC® Value
FIXCF	Immunofixation, CSF	13174-8