

## Overview

### Method Name

Quantitative Immunoturbidimetry

### NY State Available

Yes

## Specimen

### Specimen Type

CSF

### Specimen Required

**Specimen Type:** Spinal Fluid

**Source:** CSF

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL

**Collection Instructions:** Submit 1 mL of spinal fluid (CSF), centrifuge and separate to remove cellular material. Send refrigerate in a plastic vial.

### Specimen Minimum Volume

0.6 mL

### Reject Due To

Hemolysis:	Mild reject; Gross reject
Thawing:	Warm reject; Cold OK
Lipemia:	NA
Icterus:	NA
Other:	NA

### Specimen Stability Information

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

## Clinical & Interpretive

**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-Immunoglobulin IgA  
82784-Immunoglobulin IgG  
82784-Immunoglobulin IgM

**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