## Labcorp Oklahoma, Inc. Test Directory

## Cryoglobulins

Notes

CPT Code(s)

**Lab Section** 

tests and CPT codes.

Immunology - Serology

82595 (See Notes)

Order Name: **CRYOGLOB**Test Number: 5500500
Revision Date: 08/29/2023

TEST NAME			METHODOLOGY	LOINC CODE
Cryoglobulins			Precipitation	5117-7
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	3 mL (1)	Serum	No Additive Clot (Red Top Plastic)	, No-Gel, See Instructions
Instructions	Fasting specimen preferred. Collect in a red top clot tube without gel separation. Allow blood to clot for 30 mins at 37 degrees C. Serum must be kept 37 degrees C until separated from cells. Centrifuge sample to separate serum from cells then aliquot to plastic pour off tube. Transport processed serum to lab at room temperature. If not processed, keep entire clot tube warm during transport to laboratory for processing.			
GENERAL INFORMAT	ION			
Testing Schedule	Mon - Sat			
Expected TAT	7 Days			
Clinical Use	Cryoglobulins are classified as type I (monoclonal), type II (mixed; 2 or more immunoglobulins of which one is monoclonal) and type III (polyclonal).			

Positive results will be reflexed to Protein Electrophoresis - Serum (Analyzer) with additional charges. Click Here for a complete listing of

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