## Ascension St. John

## Cryoglobulin, Qualitative With Quantitative Reflex

Order Name: **CRYOGLOB** Test Number: 5500500 Revision Date: 08/11/2025

TEST NAME			METHODOLOGY	I		
Cryoglobulin, Qualitative With Quantitative Reflex			Precipitation		12201-0	
SPECIMEN REQUI	REMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Containe	ŧ٢	Transport Environment	
Preferred	3 mL (2)	Serum	No Additive Clot (I Plastic)	Red Top, No-Gel,	See Instructions	
Instructions	<b>Collection</b> : Specimen must formation (keep at 37°C whil <b>Patient Preparation</b> : Patien <b>Cause for Rejection</b> : Specin received.	<ul> <li>Specimen: 3mL(2mL) Serum, prewarmed from Red-top tube (no gel)</li> <li>Collection: Specimen must be drawn in a prewarmed tube and kept at 37°C while clotting. Separate serum from cells immediately after clot formation (keep at 37°C while clotting), and transfer serum into a clean transport tube. Label transport tube "Prewarmed."</li> <li>Patient Preparation: Patient should be fasting.</li> <li>Cause for Rejection: Specimen not allowed to clot at 37(degrees)C; patient not fasting; lipemia; gel-barrier tube used for collection; whole blood received.</li> </ul>				
GENERAL INFORM	4-9 Days					
Clinical Use	These are proteins C is called a cryogle Cryoglobulins may lymphoproliferative chronic active hepa A high percentage digital necrosis). Ra Patients with SLE w	These are proteins that precipitate from blood at low temperatures. A precipitate from serum that forms overnight at 4°C and dissolves at 37° C is called a cryoglobulin. Cryoglobulins may be divided into three classes. Type I are monoclonal immunoglobulins and are usually associated with lymphoproliferative disorders. Type II are mixtures of a monoclonal IgM and polyclonal IgG, and are associated with macroglobulinemia and chronic active hepatitis. Type III are mixtures of polyclonal IgM and polyclonal IgG. These are found in a wide variety of disorders. A high percentage of patients with cryoglobulinemia have clinical symptoms, and of these the most common are vascular (ie, purpura and digital necrosis). Raynaud phenomenon is also common. Patients with SLE who are rheumatoid factor-negative but cryoglobulin-positive are more likely to develop renal disease than those who are rheumatoid factor-positive and cryoglobulin-negative.				
Notes	Reflex Order Code [5197170] Rflx Immunofixation Elect					
	RESULT CODE	RESULT NAME	RESULT LONG NAME			
	5197172	Cryoglobulin %	15174-6			
	5197173	IFE Result, Cryoprecipitant	48638-1			
	82505 (If Decitive re	oflay Immunofivation Electrophero	cic tecting is performed at add	itional cost 86334)		
CPT Code(s)	62595 (II FUSILIVE R	enex immunorization Electrophore	sis testing is performed at add			