

TEST CHANGE

Beta-2 Transferrin

0050047, B2TRNSF

Specimen Requirements:

Patient Preparation:

Collect: Aural or nasal fluid in sterile container (test tube, microtube, syringe). If submitting syringe, remove needle and cap the end of syringe.
~~Aural or nasal fluid in sterile container. If there is enough secretion, the specimen is collected in a test tube. A specimen can also be obtained by specifically applied suction. Straining, increase in abdominal pressure, or performance of the Valsalva maneuver may result in an increase in drainage. Specimen kept refrigerated may be collected if there is slow or intermittent flow or fluid.~~

Specimen Preparation: Indicate specimen source. Submit ~~Transport~~ 2 mL of aural or nasal fluid in sterile container a tube without preservative. (Min: 1 mL of aural or nasal fluid) If direct collection is not feasible, specimen may be collected using a plain cotton swab or gauze and submitted in a sterile container (plain test tube or collection container). Do not add any liquid to the swab or gauze. Do not collect specimen with a culture swab.

Transport Temperature: Frozen (preferred) or refrigerated.
~~Refrigerated.~~

Unacceptable Conditions: Specimens grossly contaminated with blood. Specimens collected with additives (e.g., microbiology media, EDTA, etc.). CSF fluid.

Remarks: Aural or nasal specimens may be contaminated with saliva, which can degrade transferrin protein. These specimens should be frozen immediately after collection and transported in frozen temperature.

Stability: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

Methodology: Qualitative Immunofixation Electrophoresis (IFE)

Performed: Sun-Sat

Reported: 1-4 days

Note: Beta-2 transferrin is also found in aqueous humor. Rare allelic

variants of transferrin may cause false positive results in the detection of CSF leakage. Simultaneous analysis of serum and CSF from the same individual is suggested to rule out these rare false-positive results.

The beta-2 transferrin protein assay by IFE methodology is not a reliable method for detecting human perilymph due to the low sensitivity of the assay.

CPT Codes: 86335

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Detection of a beta-2 transferrin band by immunofixation IFE is indicative of diagnostic for the presence of cerebrospinal fluid (CSF). This test is useful in the specimen differential diagnosis for CSF otorrhea or CSF rhinorrhea. Beta-2 transferrin is not detected by this methodology in normal serum, tears, saliva, sputum, nasal, or aural fluid.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

None detected