

# Alpha Fetoprotein, Tumor Marker (AFP)

**CPT Code:** 82105

**Order Code:** C1341

**ABN Requirement:** No

**Synonyms:** AFP

**Specimen:** Serum

**Volume:** 1.0 mL

**Minimum Volume:** 0.2 mL

**Container:** Gel-barrier tube (SST, Tiger Top)

## Collection:

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
3. Let tube stand in a vertical position to allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.

**Transport:** Store serum at 2-8°C after collection and ship the same day per packaging instructions included with the provided shipping box.

## Stability:

**Ambient (15-25°C):** 7 days

**Refrigerated (2-8°C):** 7 days

**Frozen (-20°C):** 28 days

**Causes for Rejection:** Specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits; grossly lipemic specimens

**Methodology:** Immunoassay (IA)

**Turn Around Time:** 4-5 days

## Reference Range:

Age	Male, ng/mL	Female, ng/mL
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<1 month*	0.5-16387.0	0.5-18964.0
1-11 months*	0.5-28.3	0.5-77.0
1-3 years*	0.5-7.9	0.5-11.1
>3 years	<6.1	<6.1

\*Pediatric range is based on full term neonates, values for premature infants may be higher.

**Clinical Significance:** Elevation of serum Alpha-Fetoprotein above values found in healthy individuals occurs in several malignant diseases, most notably nonseminomatous testicular cancer and primary hepatocellular carcinoma. AFP is not recommended as a screening procedure to detect cancer in the general population.

**Limitations:** Patients who have received monoclonal mouse antibodies may have abnormal results. For any patient taking a high dose of biotin, the specimen should be drawn at least 8 hours after the last dose of biotin.

**Note:** The use of AFP as a tumor marker in pregnant females is not recommended.

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.*