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**Lab Dept:** Serology

**Test Name:** COLD AGGLUTININ

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***General Information***

**Lab Order Codes:** COAM

**Synonyms:** Cold Agglutinin Titer, Serum

**CPT Codes:** 86157 – Cold agglutinin; titer

**Test Includes:** Cold agglutinin titer

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***Logistics***

**Test Indications:** Useful in the evaluation of suspected cold agglutinin syndrome. It is not specific for *Mycoplasma pneumonia* and is not recommended to diagnose *Mycoplasma pneumonia* infections. It is useful for supporting the diagnosis of primary atypical pneumonia, infection with *Mycoplasma pneumoniae*, hemolytic anemia, some viral diseases, and infectious diseases such as staphylococemia, influenza, and tuberculosis.

**Lab Testing Sections:** Serology - Sendouts

**Referred to:** Mayo Clinic Laboratories (Test: CATTR)

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 - 3 days

**Special Instructions:** **Do Not** refrigerate specimen before processing. Use a warm pack to keep the specimen at 37°C prior to and after collecting.

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***Specimen***

**Specimen Type:** Blood

**Container:** Red top tube

**Draw Volume:** 12 mL (Minimum: 3 mL) blood

**Processed Volume:** 4 mL (Minimum: 1 mL) serum

**Collection:** Routine venipuncture

**Special Processing:** Lab Staff: Don't refrigerate prior to separation of serum from red cells.

**While the specimen is clotting, pre-warm the centrifuge to 37°C to ensure a warmed environment.** Centrifuge specimen at 37°C within one hour of collection or as soon as blood clots. Remove serum from red cells IMMEDIATELY after blood clots and aliquot into screw-capped round bottom plastic vial.

Store and ship serum specimen refrigerated. Forward promptly.

Serum stable refrigerated (preferred) or frozen for 7 days, ambient for 72 hours.

**Patient Preparation:** None

**Sample Rejection:** Mislabelled or unlabeled specimens

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***Interpretive***

**Reference Range:**

Titer:	Interpretation:
>64	Elevated
<b>&gt;1000</b>	May be indicative of hemolytic anemia
Titers above 64 are considered elevated, but hemolytic anemia resulting from cold-reactive autoagglutinins rarely occurs unless the titer is 1000 or above. Titers below 1000 may be obtained when the autoantibody has a different specificity (e.g., anti-i) or if the cold agglutinin is of the less-common low-titer, high-thermal-amplitude type.	

**Critical Values:** N/A

**Limitations:** Normal individuals may have low levels of cold agglutinins.

**Methodology:** Titration/Red Cell Agglutination

**References:** [Mayo Clinic Laboratories](#) December 2023

**Updates:** 6/1/2022: Updated Mayo order code.

12/27/2023: Updated reference range and interpretation per current reference lab catalog information, updated turnaround time, added specimen stability. Clarified processing information.