ISO 9001 :2015

LABORATORY REPORT

Redcliffe labs

Patient Name	:	Bill Date	:
DOB/Age/Gender	:	Sample Collected	:
Patient ID / UHID	:	Sample Received	:
Referred By	:	Report Date	:
Sample Type	: Serum	Barcode No	:
Client	:	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Free Light Chain Assay, Serum			
Free Kappa (Light Chain) Method : (Serum,Turbidimetry)	**88.80**	mg/L	3.3 - 19.4
Free Lambda (Light Chain) Method : (Serum,Turbidimetry)	**60.05**	mg/L	5.71 - 26.3
Free Kappa/ Lambda Ratio	1.48		0.26-1.65 In cases with renal impairment suggested reference interval :0.37 to 3.1

Interpretation:

1. Increased production of monoclonal immunoglobulins or free monoclonal light chains leads to a change in the k/lambda light chain quotient. A k/lambda quotient outside the reference interval is thus an indication of the existence of a monoclonal gammopathy.
2. Serum light chains are also dependent upon several factors like the type of clonality, presence of associated renal failure or polyclonal hypergammaglobulinaemia and thedegree of bone marrow impairment from the growing tumour or from drug therapy. These factors should be considered during interpretation .
3. Following are the recommendations as per the International Myeloma Working Group (IMWG)-: guidelines for serum free light chain analysis & interpretation in multiple myeloma and related disorders-

* Use of free light chain ratio (rFLC) in combination of serum protein electrophoresis & immunofixation for diagnosis
* Use of involved free light chain (iFLC) quantitation or the difference between the involved & uninvolved serum light chains (dFLC) for serial measurements during monitoring & to define complete response. During monitoring the ratio (rFLC) can be unreliable due to associated fluctuations in the concentration of uninvolved light chains and renal failure.

Reference: Hutchison et al, BMC Nephrology 2008

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