

Reporting Title: THSD7A Immunofluorescence
Performing Location: Rochester

Ordering Guidance:
If additional interpretation/analysis is needed, request PATHC / Pathology Consultation along with this test and send the corresponding renal pathology light microscopy and immunofluorescence (IF) slides (or IF images on a CD), electron microscopy images (prints or CD), and the pathology report.

Necessary Information:
A preliminary pathology report is required for testing to be performed. Send information with specimen. The laboratory will not reject testing if a reason for testing is not provided; however appropriate testing and interpretation may be compromised or delayed. If not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.

Specimen Requirements:
Specimen Type: Kidney tissue
Preferred: 2 Unstained positively charged glass slide (25- x 75- x 1-mm) per test ordered; paraffin sections 3 to 4-microns thick
Acceptable: Formalin-fixed, paraffin-embedded (FFPE) kidney tissue block

Forms:
If not ordering electronically, complete, print, and send a [Renal Diagnostics Test Request](#) (T830) with the specimen.

Specimen Type	Temperature	Time	Special Container
Special	Ambient (preferred)		
	Frozen		
	Refrigerated		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
605245	Interpretation	Alphanumeric		50595-8
606383	Participated in the Interpretation	Alphanumeric		No LOINC Needed
606384	Report electronically signed by	Alphanumeric		19139-5
606385	Addendum	Alphanumeric		35265-8
606386	Gross Description	Alphanumeric		22634-0
606387	Material Received	Alphanumeric		22633-2
606388	Disclaimer	Alphanumeric		62364-5
606389	Case Number	Alphanumeric		80398-1

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

- 88346-Primary IF
- 88350-If additional IF