

Reporting Title: Fibrillary GN Confirm, LC MS/MS
Performing Location: Rochester

- Necessary Information:
1. Preliminary pathology report and history are required.
 2. A brief explanatory note, or consultative letter, is recommended.

Specimen Requirements:

Supplies: Pathology Packaging Kit (T554)

Specimen Type: Formalin-fixed or B5-fixed, paraffin-embedded tissue block

Collection Instructions:

1. Do not send fixed tissue slides. Testing can only be done on paraffin-embedded tissue blocks.
2. Attach the green pathology address label included in the kit to the outside of the transport container.

Forms:

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

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
BA0389	Interpretation	Alphanumeric		59465-5
BA0390	Participated in the Interpretation	Alphanumeric		No LOINC Needed
BA0391	Report electronically signed by	Alphanumeric		19139-5
BA0392	Material Received	Alphanumeric		81178-6
BA0393	Disclaimer	Alphanumeric		62364-5
BA0394	Case Number	Alphanumeric		80398-1

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

Supplemental Report:

No

CPT Code Information:

82542

88380