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**Reporting Title:** Electron Microscopy**Performing Location:** Rochester**Ordering Guidance:**

Tumor biopsies are only accepted as part of a pathology consultation, order PATHC / Pathology Consultation.

For nontumorous renal specimens, order RPCWT / Renal Pathology Consultation, Wet Tissue.

For platelet disorders, order PTEM / Platelet Transmission Electron Microscopic Study, Whole Blood.

For muscle specimens, order MBX / Muscle Pathology Consultation.

For CADASIL (cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy) genetic testing, order NTC3Z / NOTCH3 Gene, Full Gene Analysis, Varies.

For cardiac specimens, order ANPAT / Anatomic Pathology Consultation, Wet Tissue.

For neuronal ceroid lipofuscinosis (NCL) testing, see NCLW / Neuronal Ceroid Lipofuscinosis, Two-Enzyme Panel, Leukocytes or NCLGP / Neuronal Ceroid Lipofuscinosis (Batten Disease) Gene Panel, Varies

**Shipping Instructions:**

Whole blood specimens must arrive within 48 hours of collection.

**Necessary Information:**

Failure to supply the following documentation will result in a testing delay:

1. Completed [Electron Microscopy Patient Information](#) must be submitted with each specimen.
2. Tissue source and reason for electron microscopy must be indicated for testing to be performed.

**Specimen Requirements:**

**Specimen Type:** Fixed wet tissue

**Supplies:** Electron Microscopy Kit (T660)

**Container/Tube:** Electron Microscopy Kit or leak-proof container

**Specimen Volume:** Entire specimen

**Collection Instructions:** Collect specimen according to the instructions in [Electron Microscopy Procedures of Handling Specimens for Electron Microscopy](#). **Do not place on ice, dry ice, or freeze.**

**Additional Information:**

1. PATHC / Pathology Consultation may be added if deemed necessary by the reviewing pathologist.
2. **Liver/gastrointestinal and hair shaft specimens are not acceptable.** Testing will be canceled if one of these specimen types is received.

**For neuronal ceroid lipofuscinosis (NCL) testing only**

**Specimen Type:** Whole blood

**Container/Tube:** Green top (sodium heparin) or yellow top (ACD solution B)

**Specimen Volume:** 5 mL

**Collection Instructions:** Send whole blood specimen in original tube. **Do not aliquot.**

**Additional Information:** If test indication is for NCL, whole blood may be submitted in lieu of fixed wet tissue. This is only

applicable for a presumptive diagnosis of NCL; **whole blood specimens submitted for any other reason will be rejected.**

Forms:

- 1. [Electron Microscopy Patient Information](#) is required.
- 2. [Electron Microscopy Procedures of Handling Specimens for Electron Microscopy](#)
- 3. [Pathology/Cytology Information](#) (T707)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
71033	Interpretation	Alphanumeric		59465-5
71034	Participated in the Interpretation	Alphanumeric		No LOINC Needed
71035	Report electronically signed by	Alphanumeric		19139-5
71037	Material Received	Alphanumeric		81178-6
71788	Case Number	Alphanumeric		80398-1

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

Supplemental Report:

No

CPT Code Information:

88348

Reference Values:

An interpretive report will be provided.