

Reporting Title: Muscle Path Consult  
Performing Location: Rochester

Ordering Guidance:

This test is **not appropriate** for inhalation-transmission diseases such as tuberculosis, *Brucella*, measles, and varicella zoster. This test is also **not appropriate** for suspected Creutzfeldt-Jacobs Disease (CJD).

Additional Testing Requirements:

Muscle biopsies from different anatomic sites require separate orders and separate specimen vials.

Shipping Instructions:

Transport specimen per instructions in [Muscle Biopsy Specimen Preparation](#).

Necessary Information:

All requisition and supporting information must be submitted in English.

Each of the following items is required:

1. All requisitions must be labeled with:

- Patient name, date of birth, and medical record number
- Name and phone number of the referring pathologist or ordering provider
- Anatomic site and collection date

2. [Muscle Histochemistry Patient Information](#) (T361)

Specimen Requirements:

Preferred:

Specimen Type: Frozen muscle biopsy tissue

Supplies: Muscle Biopsy Kit (T541)

Collection Instructions: Prepare and transport specimen per instructions in [Muscle Biopsy Specimen Preparation](#).

Additional Information:

1. All specimens and additional paperwork must be labeled with:

- Two patient identifiers (first and last name, date of birth, or medical record number)
- Pathology accession/case number
- Anatomic site

2. Contact the Mayo Clinic Muscle Laboratory at 800-533-1710 for special problems to maximize benefit of the muscle biopsy.

Acceptable:

Specimen Type: Stained muscle biopsy slides

Collection Instructions:

1. Submit all stains performed on the case.
2. All specimens must be labeled with anatomic site.

Forms:

[Muscle Histochemistry Patient Information](#) (T361) is required.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
601767	Interpretation	Alphanumeric		59465-5
601769	Participated in the Interpretation	Alphanumeric		No LOINC Needed
601770	Report electronically signed by	Alphanumeric		19139-5
601771	Addendum	Alphanumeric		35265-8
601773	Gross Description	Alphanumeric		22634-0
601822	Case Number	Alphanumeric		80398-1
601911	Disclaimer	Alphanumeric		62364-5
603614	Material Received			81178-6

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

Supplemental Report:

No

CPT Code Information:

- 88342 (if appropriate)
- 88341 (if appropriate)
- 88346 (if appropriate)
- 88350 (if appropriate)
- 88305 (if appropriate)
- 88313 (if appropriate)
- 88319 (if appropriate)
- 88314 (if appropriate)
- 88321 (if appropriate)
- 88323 (if appropriate)
- 88323-26 (if appropriate)
- 88325 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
IHPCI	IHC Initial	1	88342	No	No, (Bill Only)
IHPCA	IHC Additional	1	88341	No	No, (Bill Only)
IFPCI	IF Initial	1	88346	No	No, (Bill Only)
IFPCA	IF Additional	1	88350	No	No, (Bill Only)
SS2PC	SpecStain, Grp II, other	1	88313	No	No, (Bill Only)
SS3PC	SpecStain, Grp III, enzyme	1	88319	No	No, (Bill Only)

HCFPC	SpecStain, frozen	1	88314	No	No, (Bill Only)
COSPC	Consult, Outside Slide	1	88321	No	No, (Bill Only)
CSPPC	Consult, w/Slide Prep	1	88323	No	No, (Bill Only)
CUPPC	Consult, w/USS Prof	1	88323	No	No, (Bill Only)
CRHPC	Consult, w/Comp Rvw of His	1	88325	No	No, (Bill Only)
LV4RP	Level 4 Gross and Microscopic, RB	1	88305	No	No, (Bill Only)

Reference Values:

An interpretive report will be provided.