

**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

**Specimen Minimum Volume:**

See Specimen Required

**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